FOR STATE HEALTH DEPY.

sessary, e funeral 5 may be State Department mours after death. O DEPUTY ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay please exect. — e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Eximiner's Office along with form PMI. Page retained for your files. がが TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within

> VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O7030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

LAGE OF DEATH
CDUNTY

Prince Georges

MARYLAND

ARRYLAND

MARYLAND

COUNTY

MARYLAND

ARRYLAND

MARYLAND

MARYLAND

MARYLAND

1	1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	es before admission)
1	Prince Georges MARYLAND	a. STATE ENGLAND b. CDUNTY	do
	b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town)
	Write RURAL end give neerest town) ANIORETY E AIR FOR ET RASE LESS I HR	WESTON HUNTS ENGLAK	10 79.3
1	ANDREWS AIRFORCE BASE LESS I HR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
9	all At Ilas Board Anim Brevell	HILL FARM	ON A FARM?
=	JUSAF HOSPITAL ANDREWS 3. NAME OF MIDDLE	Last 4. DATE Month	Dey Year
1	DECEASED (Type or print) SHARON K. A	GEE DEATH MAY	19 19 107
T	5. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED 1	S. DATE OF BIRTH 9. AGE (In years IF UNDER	
	FEMALE CAUCASIAN WIDDWED DIVORCED	14 FEB 1963 last birthday) Months 4 yrs.	Days Hours Min.
T	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT
1	NONE CHILD	NELLIS AFB. NEVADA	0.5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ı	WENDELL W. AGEE	JUNE A. EVANS	
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT ROUTE	#1
	NONE WE	NDELL W. AGEE PIKEVILLE	TENN.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) SECOND AND THIRD DEG	REE BURNS & 5600 of BODY	ONSET AND DEATH
	DUE TO	, , , ,	1.
	Conditions, If any, which) (b) RENAL FAILUR	G.	11
1	gave rise to immediate cause (e), stetling the DUE TO		
1	underlying cause lest. (c) HYPERPYRE		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA NONE 208. EXTERNAL CAUSE WAS PRIMARY DO'CDNTRIBUTING D CAUSE OF DEATH. CAUSE OF DEATH.		YES NO
1	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY DCCU	IRRED. (Enter nuture of injury in Part I or Part II of Item 18	.)
1	BURNED CLOTHIN	G IN HOME	
1	3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ry street officehide sto)	inty) (State)
	White Not white	ALCONBURY, HUN	IS ENGLAND
	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry ,	and In my opinion
		cide , Homicide , Undetermined manner	
	SIGNATURE Jayton Walkins	_M.D. ASSISTANT MEDICAL EXAMINER _ 5-22	OATE SIGNED
	EXAMINER'S DOUTELL B 11/0 TV 146		nnoboliskel
À.	NAME (Type) UHY/ON/) WHIR/N		enspery ho
-	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY REMOVAL (Specify)		
	BURIAL 25 MAY 196/ 1 IRON HILL	CEMETERY PREVILLE TO	ENNESSEE
	W.W. CHAMBERS (OR RIVERDALE,		y judge
	M.M. CHAMBERZ OO MALEY	DATE	0

Dayton O Wothern DATTON O WATKING

x intermedial

CERTIFICATE OF DEATH funeral and 2 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Pages) Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b papers. 1 write RURAL and give nearest town) hours Cheverly E Cheverly 5 days Lanh am d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Hawthorne St. within 72 74 Nursing Home Prince Georges General Hospital and completely in 3. NAME DF First Middle Last DATE Month DECEASED event, DEATH (Type or print) May 31 19 6.7
AGE (In years IF UNDER 1 YEAR) IF UNDER 4 HRS. Allison Fre de rick executed 5. SEX 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) | Months | any WIDOWED -DIVORCED 2/17/84 Male White 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician please during most of working life, even if retired) certificate be INDUSTRY New York Baker Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Ther remov Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Minn Ave transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) death Washington, D.C. 578-09-6727 Jean Allison 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) requires that 1,000 DUE TO spherter chime Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior 1 underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate history is the difference of the settle of the CERTIFICATI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detach MEDICAL 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) DIRECTOR: After the age 3 should be defined with the State I factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. to May 31. 6. 19 1967, and that death occurred at 55PM, from the causes and on the date stated above. saw the deceased alive on May 31 22a. SIGNATURE pe o FUNERAL DIRE director, page should be filed MED. ATTENDING PHYS. M.D. тау ADDRESS PHYSICIAN'S 22d. NAME (Type) 3408 Rhode Island Ave. Mt. Rainier, Md. Leon Levitsky M. Burial, CREMATION, REMOVAL (Specify) LOCATION (City, town or county) 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 2 6-3-1967 Mt Olivet Wash. D.C. 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH <u>division of</u> statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland

e. IS RESIDENCE

YES NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO -

(State)

(State)

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

19.

(County)

22b. DATE SIGNED

YES

_____ 1967___ that (I) size) last

ON A FARM?

VR A15 (4) 20M 1/65

Tall !

Telescon Correct Courts Correct Corret Correct Correct Correct Correct Correct Correct Correct Correct

Mertman

protompleties there

وبالتناويرسيس

1966 11. 07 150

de la federal med

Joseph Train Triend 'w. T. Minist Book 'de

THE PARTY BOWN - COL

Ja Lee

Laurel.

Harold S. Wade 7-203577

Maryland

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film 391

VR A15ME (5)

6M 1/67

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 b. COUNTY Prince George's e IS RESIDENCE ON A FARM? YES NO X Months 12. CITIZEN OF WHAT ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X (County) and in my apinian Undetermined manner 22. DATE SIGNED (County) Maryland

AL STATE

and the second

The second secon

II CHE

delical leavel grown or to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		_	
2		1	
(8)	DR.	KTA	TF
ME	1	A D	ED.
S	0 9	, ,	=
>0	3		in in
de	and		Ē
E S	2,		pal
=	S. J.	-	e De
t,	age 4		TO.
dec	P 2		
9	Giv		
0 0	00 0		3
1001	em		and A
24 1	# U.	,	
Ë	Cili		ago
W	pen		0
ed	E 1		7.7
acut	ing		P. W.
×e	end		D I
0.0	d did		SHO
Pine	vord		1-10
sho	2 0	TA D	DUL

should be forwarded

the certificate,

removol, 3 should be us≡d

9

prior to

230. BURIAL CREMATION.

24. FUNERAL DIRECTOR

23b. DATE THEREOF

5-10-67

Bernard Danzansky & Sons St., NW, Wash. DC DATMA

MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Maryland a. COUNTY Prince Georges b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Landover Cheverly DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS 7404 B Landover Road Prince George General Hosp. NAME OF Middle 4. DATE DECEASED (Type or print) Dvira Arkinzadeh DEATH S SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED 1 DIVORCED Female white Feb. 1908 10b. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Housewife INDUSTRY COUNTRY? Russia Iran 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moshe Kaplan unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Son Add 404B Landover 16. SOCIAL SECURITY NO. (Yes, no, or unknown) [If yes give wor or dotes of service) Abraham H. Arkinzadeh Rd. Landover, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Asphyxia DUE TO Hanging Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) CAUSE OF DEATH. Hung self with rope from hook on door, 20c. TIME OF INJURY Month, Doy, Year 2De. PLACE OF INJURY (Home, form 20f. (City or town) While of work of wark 7404 Landover Rd. Hyattsville, Md. 8:30am p.m. 5-4-21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection x. Natoral causes death resulted fram: Accident Hamicide Suicide x. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Riverdale, Md. John Kehoe, M.D. 23c. NAME OF CEMETERY OR CREMATORY

Jewish Cemetery

VR A15ME (5) 6M 1/67

moy be retained for your FUNIKAL DIRECTOR: Page

5 moy 10 FUNII Heolth

the funerol director.

Tel Aviv, Israel 2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

ON A FARM?

1967

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

YES

NO DO

NO X

cevonis.

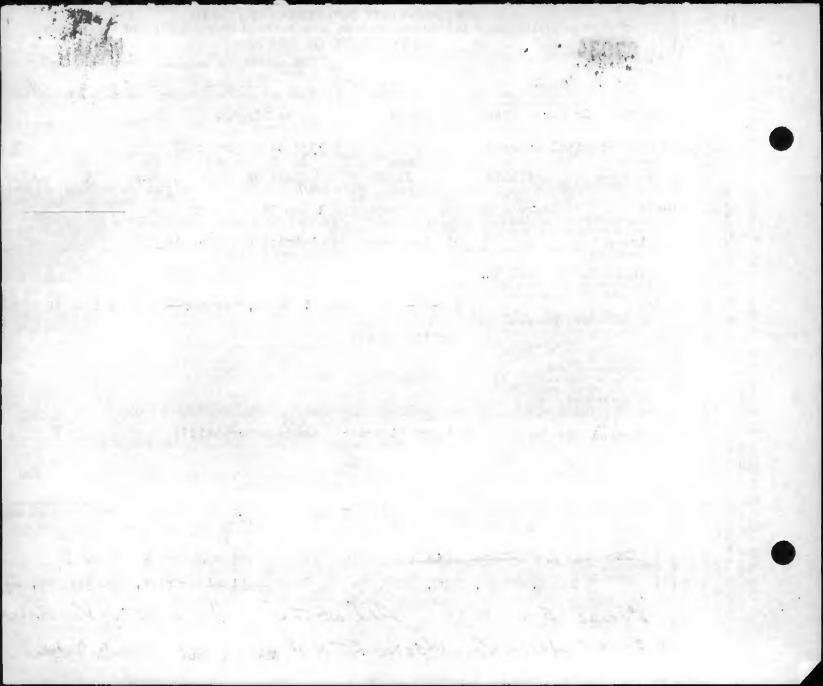
Tell & Court & Chart

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exempt within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

IVIIK	4		OLKIIIIO	MIL	OF DEATH		,	UZUE		
1. PLACE OF DEAT	H			H	2. USUAL RESIDENCE	(Where decease	sed lived, If inst	titotion: Residend	e before adm	nission)
a. COUNTY	OFFICE				a. STATE	RICT C	b. COUN	TY		/
h CITY OR TOW	GEORGES	imite Lo	MARYLA LENGTH OF STAY I		c. CITY OR TOWN (If ou				vo nearest	town)
	N (if outside corporate i and give nearest town)			K ID	c. Litt on Town (II ou	raide carbo	iate mints, wi	Ito v Ouver and R	AC HCGIOST	LOWIN
	ir Force Bas		2 days		Washing	ton		473	7	
d. NAME OF HU	SPITAL OR INSTITUTION (If not in hosp	ital, give street add	iress)	d. STREET ADDRESS				ON A FA	
USAF Hos	pital Andrew	5				treet	NE		YES N	NO X
3. NAME OF	First	-	Middle			. DATE	Month	Day	Year	
DECEASED (Type or print)	WILLI	E	JAMES		BANKS JR	OF DEATH	May	7 5	19 6	57
5. SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	Z 8.			GE (In years	IF UNDER 1 YEAR		
Male	27	WIDOWED	DIVORCED		1 Cam 2/1	20)	Months Days	Hours	Min.
	ION (Give kind of work don		OF BUSINESS OR		1 Sep 34 11. BIRTHPLACE (Count	ty & State or	yrs.) 12. CITIZEN	OF WHAT	
during most of work	ing life, even if retired)	INDU	STRY					COUNTR	Y?	
Airman		US	Air Force		District of		nbia	US	A	
13. FATHER'S NAM	E				14. MOTHER'S MAIDEN	NAME				
WILLIE J	AMES BANKS S.	R.			EDNA HENRI	ETTA I	30ND			
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	ES? 16. SO	CIAL SECURITY NO.	17.	NFORMANT		Addres	S		
Yes	(11 Jes Bine wen of dutes of set	579	-48-6234	EDN	IA H. BANKS.	Mothe	r-Same	as ite	n #2	
I 18. CAUSE OF	DEATH [Enter only one ca			1					ERVAL BETY	WEEN
	FATH WAS CAUSED BY:	Com	diac Arre	_				ON	SET AND DI	EATH
15570	IMMEDIATE CAUSE (a)	VOLL	CTCC ****	O U						
4330	DUE TO									
Conditions, if										
cause (a), s										
underlying caus	1 (0)									
PART II. OTHER (1) Alcohol 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS	CONTRIBUTION	IG TO DEATH BUT NO	TRELAT	ED TOTHE TERMINAL DIS	EASE CONDI	TION GIVEN IN	PART 1(a) 19.	WAS AUT	OPSY
Alcohol	withdrawal	Seiz	ure disor	der	Acute panc	reatif	tis	Y		10 []
20a. ACCIDENT	WAS UNDERLYING				RED. (Enter nature of in			f (tem 18.)	0.50	
B OR CONTRIBUT	ING CAUSE OF DEATH	0)		NA						
	INJURY Month, Day, Yea		RY OCCURRED 20		E OF INJURY (Home, farm	20f (C)	ty or town)	(County)	(St	(ate)
20c. TIME OF Hour a.s			Not While	factory	, street, office bldg., etc.))	ty of tonny	(availity)	,,,,	,
		at work	at work							
21. I certif	y that (I) (this hospita	1) attended	the deceased fro	m_3_	May , 196	7_, to_	5 May	_, 19.67_, t		
	ceasen aute ours	ay 67	19 67 , an	d that	death occurred at 11	39M, from	the causes			above.
22a. SIGNATU	RE				ATTENDING ME	PIN	CTACE	22b. DATE S		
	a A.	Seel	60_	M.D.		RECTOR	STAFF PHYS.	6 May	67	
22c. PHYSICI/ NAME (T					22d, ADDRESS				1	-
TONNE (I	IRA A. GOUL	LD, CAP	T, USAF, I	MC	USAF Hosp	ital A	indrews,	Andrew	s AFB	DC
23a. BURIAL, CREM		REOF 2	3c. NAME OF GEN	ETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county)	(Sta	te)
REMOVAL (Sp	ecity)	11.	// 4	/	/'	1111	1 00	- 1 1/	ar.	
Duri	16 3-10-1	461	FIRE	XIA	U5/0N	MRA	11051	ON VI	2071	VIN
24. FUNERAL DIRI	16 0-10-1	90/1	ADDRESS	XIA	15 TON 25a. REC'D	BY REGISTI	RAR 25b. RE	GISTRAR'S SIG		0,5

VR A15 (4) 20M 1/65



physicion and campletely filled in by the fu ten defease remove carbon papers. Pages 1 aval, and in any event, within 72 hours after

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

O HUSPITAL

DIVISION OF V	MAKTLAND STATE DEPA			07:018:
07035	CERTIFICATE	OF DEATH		TENIA
Prince Georges	MARYLAND	2 USUAL RESIDENCE (W o. STATE Mary 1 and	there deceosed lived, if institution b COUNTY Prince	Residence before odm ssion)
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lawn) Cheverly	c LENGTH OF STAY IN 16	Lanham	side carporate limits, write RURAL	and give nearest tawn)
Prince Ceorges General		d STREET ADDRESS 7020 St. Am	nes Avenue	e IS RESIDENCE ON A FARM? YES NO R
NAME OF First DECEASED (Type or print) Mary	Middle Elizabeth	Last Barber	4. DATE Month	Doy Year 18. 1967
	The same of the sa	Oct., 7, 189	9 AGE (In years II	FUNDER 1 YEAR 1F JNDER 24 HRS lanths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 1977-003-50-50-60-60-60-60-60-60-60-60-60-60-60-60-60	Own Home	11 BIRTHPLACE (County & Washington	State, or foreign country) Co., Md.	U.S. A.
Daniel Oscar Reynol	ds	Mary Cat	AME herine Albin	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of servi	(a)	nformant Dis J. Broo	Address ke Same as #2	(granddaughte
18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	line for (0) (b) and (c)) Actity Ciron	un oce	histor 10/5	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove nse to immediate cause (a), stoting the underlying cause DUE TO			V	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DIT ON G.VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?

CERTIFICATIC YES XY NO 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

TIME OF INJURY Month, Doy, Year Hour a m

20d INJURY OCCURRED Not While of work

20e PLACE OF INJURY (Home, form factory, street, office bldg , etc.)

(City or town)

Marr

(County)

(Stote)

196.7., that () (we)clast

an the date stated above

saw the deceased alive an 220 SIGNATURE

21. I certify that (1) this hospital attended the deceased fram (entire

M.D

22d, ADDRESS

MED. DIRECTOR

1967, to.

and that death accurred at 2 - 08AM, from causes and

22b. DATE SIGNED STAFF PHYS

5/18/67

PHYSICIAN S NAME (Type)

23o. BURIAL, CREMATION

Bur May (Specify)

Gárry Rosenberg 23b DATE THEREOF

NAME OF CEMETERY OR CREMATORY Rest Haven

23d LOCAT ON (City or Town) Hagerstown

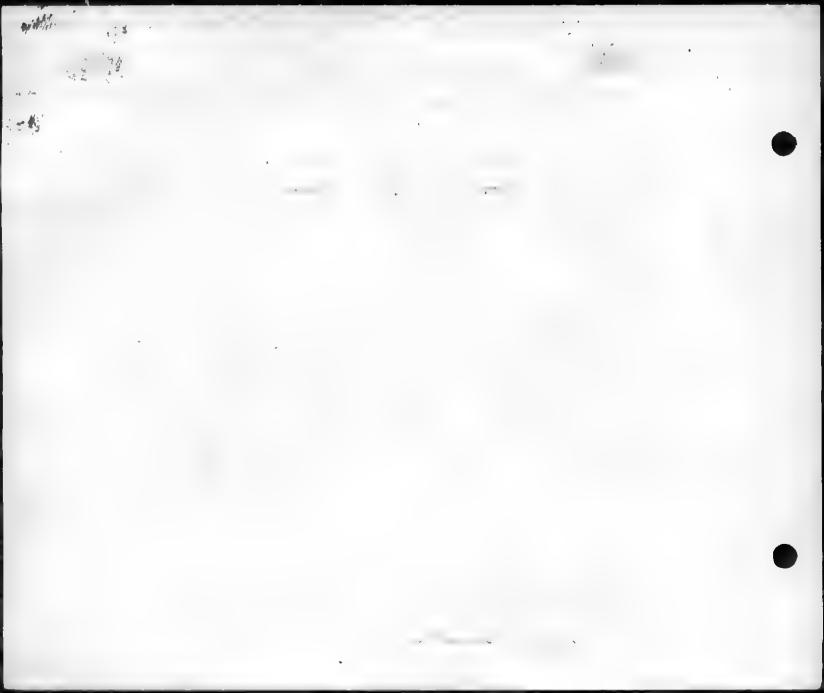
6501 Landover Rd. Cheverly, Md.

(County) (Stote) Md.

director, page 3 should be detached for use as the burial-transit permit. Then a should be filed with the State Dept. of Health prior to burial, cremation, or removal, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. FUNERAL DIRECTOR

5/20/67 Hagerstown, Md.

VR A15 (4) 25M 1/67



MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death if

TO DEPUTY

.60

DAITIMODE MADVIAND 21201 DIVISION OF VITAL PECOPDS

	Į.	VIAIDION OL ALL	AL KECOKDS, SOI W.	KESTON	SIREEI, DALIIME	AC, MAKILMI	D ZIZUI	2 2	
	07036	٨	NEDICAL EXAMIN	ER'S C	ERTIFICATE O	F DEATH	0	201	9
1	PLACE OF DEATH				2 USUAL RESIDENCE (\	Where deceased live	d, if institution Re	sidence belo	re odmission)
	o COUNTY	~ .	00 h milli		o STATE		b. COUNTY	. 4 . 7	-
	Prince	George s	MARYI		Maryland		Prince (<u>ieorge</u>	18
	b CITY OR TOWN (floutside co- write RURAL and give neare:	rporote limits stitawn)	c LENGTH OF STAY N	l lb	CCITY OR TOWN (If ou	ts de corporate I m	its, write KUKAL one	d give neore:	st town)
	Cheverly	,	DOA		Hyattsvil	le			
	d NAME OF HOSPITAL OR INSTIT	IUTION (if not in hos	ital, give street oddress)		d STREET ADDRESS				e S RESIDENCE ON A FARM?
,		G		- 1	000 6 16	3 703			YES NO X
	Prince George		OSDITAL Middle		3715 Kenne	4 DATE	11l		
	DECEASED	First	Middle		Lost	9 DAIL	Month	Doy	у Үваг
	(Type or print)	Norris	A		Barron	DEATH	5	- 2	3 19 67
5	SEX 6 COLOR	OR RACE 7 MAR	RIED NEVER MARRIED	8	DATE OF BIRTH		(In years IE)		Hours Min
	nale whi	+ WIDO	WED DIVORCED	DC /	-14-1910	57	ALZ MOU	ins Doys	LIDEL? WILL
Ιθα	JSUAL OCCUPATION (Give kind o	f work done	OH KIND OF BUSINESS OR		1 BIRTHPLACE (Stote	or fore an country)		2 CITIZEN O	
dur	ng most of work ng life even if re	etired)	IND. ISTRY		,	2 17		U.S.	>
	Upholster,		Self Employ		Washing			U.S.	
1.5.	FATHER'S NAME				14 MOTHER'S MA DEN I	NAME			
	Leonard G.	Barron.			Alice	e Norri	S		
15	WAS DECEASED EVER IN U.S. ARA		16. SOCIAL SECURITY NO	17 IN	FORMANT		Address		
[Te	es, no, or unknown) (If yes give v	wor or dates of service;	578 12 3057	Ma	rgaret E	Whitm	ore (sa	me as	Ttem2
-	IB CAUSE OF DEATH (Enter	only one cours nor ly	010 == 2021	1 110	12 502 00 22	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0101100	The same of the sa	TERVAL BETWEEN
1	PART I DEATH WAS CAU	SED BY.	1 2 1 1 1 1 1 1 1						NSET AND DEATH
	IMME		eart failure					III-1	nutes
			rteriosclerot	ic he	eart diseas	е		ove	er 4 yrs.
	Conditions, if ony, which gove rise to immediate couse (a)								
	stating the underlying cause								
	last and	(c)							
	PART I OTHER SIGNLE CANT O	ONDIT ONS CONTRIBU	FING TO DEATH BUT NOT RELA	TED TO TH	E TERMINAL DISEASE COL	IDITION GIVEN N. I	ART (n)	19	WAS AUTOPSY
Š		0.1011 0.10 00 11110					(-,		PEREORMED?
3	60. CVT BNAL CAUCE HITE							- 1	res [_] NO [3
CERTIFICAL	200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING		OF DESCRIBE HOM INJURY OF	CORKED (FI	nter nature of injury n	Port I or Part I of	rem B;		
	CAUSE OF DEATH								
MEDICAL	20c TiME OF INJURY Month,	0.0 17 44.	10d INJURY OCCURRED		OF INJURY (Home form		or town)	(County)	(Stote)
HE.	Hour om.		While Not While of work	foctor	y, street, ollice bldg., etc.)				
			e remains described ab	n - 11-1	Land Adameter D	Januarian I	e tanto E		1
	· ·	7				Inspection [d in my opinio
	death resulted fram:	Natural causi	rs \mathbf{x} , Accident $[]$,	Suicid			rmined manner	r 🔲	
	ACTUAL	1/1/	11 -		CHIEF MEDICAL	EXAMINER			AD DATE COMES
	SIGNATURE	they !	oppe		M.D ASSISTANT MED	ICAL EXAMINER	j		22. DATE SIGNED
	EXAMINER'S + ,	1	D41-3-	34.3	DEPUTY MEDICA	IL EXAMINER X			E 1 677
	EXAMINER'S John Ke	hoe, M.D.	Riverdale			city fown or cou	nty)		5-4-67
230	BURIAL CREMATION 2	3b DATE THEREDE	23c NAME OF CEME	ERY OR CR	REMATORY	T 23d 10'ATIO	Y (City or Town)	(County	y) (State)

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter degith 230 BURIAL CREMAN BURIAL SPECIAL VR A 15ME (5)

Wis. Ave. N.W. Wash. Н. Don.

Gate

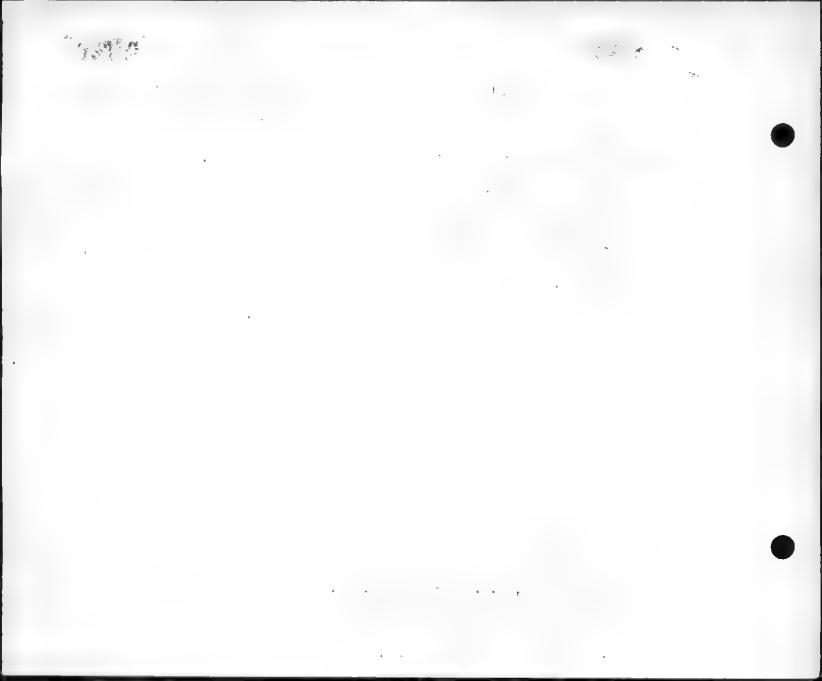
of

Heaven

Cem

AY 25b

County, Md. Montgomery REGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEATTH OFFT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission o COUNTY Prince George's
b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c C TY OR TOWN (If autside comparate I mits, write RURAL and a veinearest town) write RURAL and give negrest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Alexandria d. STREET ADDRESS form Give Pages 2500 Van Dorn Street Prince George General Hospital should be farwarded to the Chief Medical Examiner's Office olong-with 3 NAME OF Middle 4 DATE DECEASED (Type or print) Keith Barton DEATH Robert 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARR ED lost birthdoy) WIDOWED 22-1936 white 100 US_AL OCCUPATION (Give kind of work done TOP KIND OF BITSINESS OR 11 B RTHPLACE (State or foreign country) during most of working life, even if retired) buriol-transit permit. File pages La n ony event within 72 hours after INDUSTRY ENPLOYER RCA CORP. RCA CORPORATION FATRROLT MINNESOTA

14. MOTHER'S MAIDEN NAME LEULLA TYSLAND HERRERT BARTON 15 WAS DELEASED EVER IN 5 ARMED FORCES?
(Yes no or unknown) [(fiyes give wor or dotes of service)] 17 INFORMANT 16 SOCIAL SECURITY NO YES. IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART OEATH WAS CAUSED BY , IMMEDIATE CAUSE (o) Laceration of brain writing the word Trauma - auto accident Conditions, if any, which gave it rise to immediate couse (a), DUE TO stoting the underlying couse D PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/03 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) 3 should MEDICAL EXAMINER: CAUSE OF DEATH Pedestrian struck by car. 20t "City or town" 20c TIME OF INJURY Month Dov Year 20e PLACE OF NURY (Home form White Not While of work Hour o.m. foctory, street, office bldg., etc.) 53rd. Pl. & Marlboro Pike. Prince George Co. 21 Certify that I took charge of the remains described above, held an Autopsy [] Inspection [x] Inquiry ond in my opinion Natural causes . Accident x Undetermined monner death resulted from Suicide . Homic de . CHIEF MEDICAL EXAMINER ACTUAL

e IS RES DENCE ON A FARM?

Month

IE UNDER 1 YEAR

12 CIT ZEN DE WHAT

Address Mason City, Iowa

HINTTED STATES

INTERVAL BETWEEN ONSET AND DEATH

19 WAS A TOPSY PEREORMED?

22. DATE SIGNED

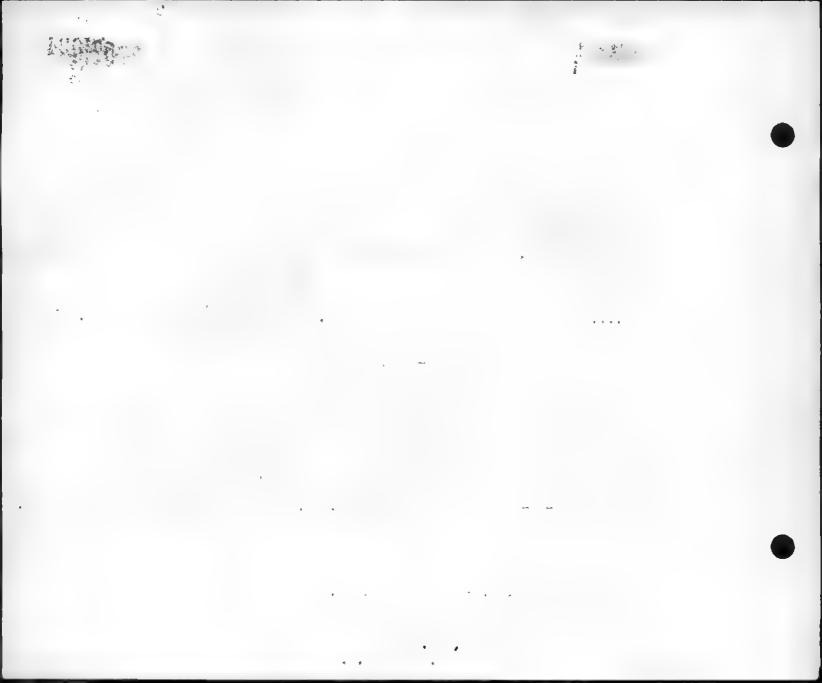
NO IX

COUNTRY?

YES NO XX

please execute the certificate, runy be retoined far your FUNERAL DIRECTOR: Page ASS STANT MEDICAL EXAMINER SIGNATURE OEPUTY MEDICAL EXAMINER DC Riverdale, Md. /John Kehoe, M.D. NAME (Type) Address (Street city town or county). 23c NAME OF CEMETERY OR CREMATORY he Till CATION to TW 23b DA E THEREOE 23g B RIA' (REMATION REMOVAL (Speci JUNE 3, 1967 MEMORIAL PARK CENETERY MAS MASON CITY TOWA

EGITTRAR 255 REG TRAR'S SIGNATURE 10009 - WASH . D. C. 20005 VR A15ME (5) 6M 1/67 NEFAL HOME 1300-N. STREET, N.W.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97037

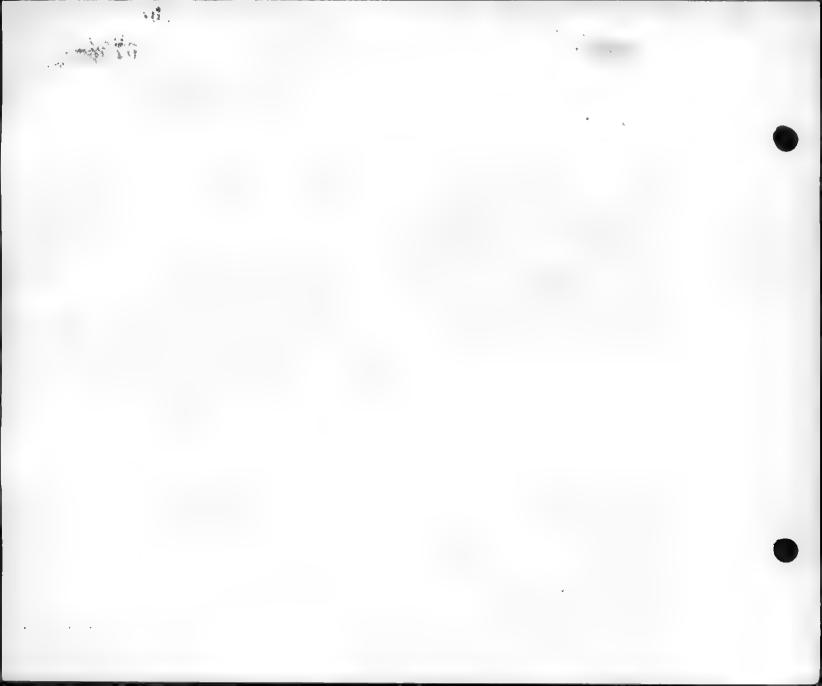
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** T≣e law requires that the d≡ath certificate b≡ executed within 24 hours after d**®** Page 4 may be retained by the hospital or attending physicion

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

07020

-	1000									VV		
1	PLACE OF DEATH o. COUNTY					2 USUAL RES	IDENCE (W		d lived, if institut		nce before o	odmission)
1		orce		MARY	LAND	Maryla	and	P	rince G	eorge	3	
	b CITY OR TOWN (If	outside corporate mits,		c LENGTH OF STAY IN	l lb	c CITY OR TO	WN (If out	side corporati	e limits, write RU	RAL ond giv	e neorest t	own)
	Riverdal	give neorest town)				Edmons	ton				16	,/
	d NAME OF HOSPITAL	OR INSTITUTION (If not in	hospitoi, gi	ve street oddress)		d. STREET ADI	DRESS					IS RESIDENCE
,		eland Memori	al Ho	spital		5113 [ecati	ur St.	1		YE	ON A FARM?
3	NAME OF DECEASED	First		Middle		Last		4 DATE OF	Mon	th	Doy	Year
	(Type or pnnt)	Fannie		Lee	B	Barwick		DEATH	5		19	19 67
S	SEX		. MARRIED	NEVER MARRIED		B. DATE OF BIRT		9	AGE (In years	Months		F LNDER 24 HRS.
	Female	White	WIDOWED [4-15-	-86		dost birthdoy)	Mullins	Daks	Hours Min
		Give kind of work done		ID OF BUSINESS OR		11 BIRTHPLAC	E (County 8	State, or fore	ign country)		T ZEN OF W	YHAT
GC.	ijem stosverkosi ij	Seven it reitred)	OW	M Mome		Vi	rgin:	ia		(USA?	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	7	Weston The	mas (Graves		Be	tty	Hunt	4			
1,5	WAS DECEASED EVER	IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT			Addr	ess		
11	no or unknown) iti	f yes give wor or dotes of se	21.	5 54 1147	D	aughter	& Me	edical	Record	S		
	18. CAUSE OF DEA	TH (Enter only one couse	per line for	(o), (b), ond (c).)		-f	/		7 //	7	INTER	VAL BETWEEN /
	PART I DEATH	WAS CAUSED BY	10	1907-111	21	we	100	147-	+ alle	w	ONSET	AND DEATH
	4200	IMMEDIATE CAUSE (o)		0	-				2/11	11		The state of the s
	Conditions, if ony,	which gove) (h)	/	INCh.	10	200	1/9/	dell	Deal.	U 150	100	yra
	rise to immediate	couse (o),		01		7	1-	~	1 Alle		Wich	11/12
	stoting the underly	ring couse (c)	K	Mille	X	ark	1/2	WX	cen	blo	1	acredity.
*	PART II OTHER SIGI	VIFICANT CONDITIONS CONT	TRIBUTING TO	DEATH BUT NOT RELA	ATED TO T	THE TERMINAL DI	SEASE (ON	DITION GIVEN	IN PART 1(o)		19 W	AS AUTOPSY ERFORMED?
CERTIFICATION											YES	
THE	200 ACCIDENT WAS L		20b DES	CRIBE HOW INJURY OF	CURRED	(Enter noture of	injury in P	ort I or Port	I of item 18)			
	OR CONTRIBUTING (IF EITHER, NOTIFY M											
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Year	20d. 1N.	JURY OCCURRED		CE OF INJURY (H			(City or town)	(Co	unty)	(Stote)
MEC	Hour 'o.m.	19	While of work	Not While of work	focto	ory, street, office	bldg , etc)					
	Pitti	that (1) (this haspit			fram_4	-29-67	. 19	9fa	5-19-	67, 19	, that	(I) (we) los
	saw the dec	eased alive an 22	aus	8 1967,0	nd that	death accu	rred at_	8 M.	fram causes	and an t	he date	stated abave
	220 SIGNATURE	221.	An	. / .							ATE SIGNED	
		~W	Ina	Ran	M.D	1 111 2		MED DIRECTOR [J STAFF	15	-19	67
	22c. PHYSICIAN'S					22d ADDI						
	NAME (Type)	&x L. W.	Malin	, M.D.		1 4404	્રેue	ensbur	y Rd.,	River	d le,	Md.
	o. BURIAL, CREMATION			23c NAME OF CEME	TERY OR (CREMATORY		23d LOC	ATION (City or To	wn)	(County)	(Stote)
	B EMOYAL (Specify)	5/22/67	,	Ft. Lin	ncoli				na r Mai	nor	P.G.	Md.
2	4. FUNERAL DIRECTOR			ADDRESS			SO REFT	BY REGISTRA	bc7 25b //	FBISTRAR S		dar.
1	Francis (Gasch's Sor	S Hv	atteville	Md		YAM	0400	30/		1	1



FOR MATE HEALTH-DEPT.

TEMENTY MEDICAL MAMINER: This certificate should be executed within 24 hours after death if Gry delay is necessary, please execute the certificate, writing the ward "panding" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3. Page The State Department of witi 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land Hea th prior to burial, cremation or removal, and in any event within 72 hours after dea

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

.....

					CERTIFICATION OF		O'	7091
	PLACE OF DEATH				11	Where deceased lived finstitut		fer (sign)
	o. COUNTY	non Conmenta		MARYLAND	o SIAIE Marylan	b (00)	ince Ge	orgale
\vdash	b CITY OR TOWN (I	nce George 's		c LENGTH OF STAY IN 15		tside corporate limits, write RUI		
	write RURAL and	give neorest town)					J Ollo q 70 /	colosi tomij
	Cheverl			DOA	Beltsvill	_e		2
	d. NAME OF HOSPITA	AT OR INSTITUT ON (If not in I	nosprtol g	ive street address)	d STREET ADDRESS			e S RESIDENCE ON A FARM?
		eorge General	L Hos		11605 35th	. Ave.		YES NO K
	NAME OF DECEASED	First		Middle	Lost	4 DATE Mont	łh	Doy Year
	(Type or print)	Gerald	f	Ray	Bath	DEATH 5		15 19 67
5	SEX	6 COLOR OR RACE 7 A	MARRIED	NEVER MARR ED X	8 DATE OF BIRTH	9 AGE (In years	IF UNDER 1 Y	
	male	MITTER	IDOWED	D VORCED	11-14-1950	lost birthdoy) 16 Yrs		lays Hours Min
100	USUAL OCCUPATION	(Give kind of work done	10b K N	ND OF BUSINESS OR	11 BIRTHPLACE (State	or fore gn country)	12 CITIZE	EN OF WHAT
duf	ng most of working l	ite even it retired)	Dul	lic School	Maryland		1958	A.
	FATHER'S NAME		7 -10	000 00 000	14 MOTHER'S MA DEN N			
1	Ray 2. Ba	th.			Irsi C. Hu	skeu		
Ις	WAS DECEASED EVEL	P IN ITS ARMED FORCES?	16, 5	OCIAL SECURITY NO. 17.	INFORMANT	6 2 3	ess	
(Ye	es, no, or unknown)	(If yes give wor or dotes of serv	ice) ye		1. J. Bath	Reitsville	Marylar	ad
-	Vo CAUSE OF DE	ATH (Enter only one couse pe	Line for		1.0	Beusouce, 1	Rengaur	NTERVA, BETWEEN
		IL WAS CALLESTY DV.		1 , 1 , 1 , ,				ONSET AND DEATH
	COL	IMMEDIATE CAUSE (o)	dangi	ng				
	974	- X DUE TO						
	Conditions, if ony,							
	rise to immediate stating the under							
	lost	tying couse (c)						
			D TO C T	O DEATH BUT NOT BELATED TO	THE TERM I ALL DISEASE COL	ID TON CHICK IN DADT 14-1		19 WAS AUTOPSY
N	PAKI II OINEK SE	MIFICANT CONDITIONS CONTR	BOTTMO I	O DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	IU I ON GIVEN N PART (0)		PERFORMED?
15								YES NO X
CERTIFICATION	200 EXTERNAL CAL	USE WAS	20b DES	CRIBE HOW INJURY OCCURRED	(Enter noture of in ury in)	Part I or Part II of tem 1B.)		
CER	CAUSE OF DEATH.	IKIROLIMO 🗆	Hune	colf with no	oktio in ott	ic bedroom of	homo	
MEDICAL	20c TME OF NIL	RY Month, Day, Year	20d IN	JJRY OCCURRED 20e Pu	ACE OF INJURY (Hame, form	20f (City or Liwin)	(Count	v) (Stote)
9	Hour om	1.	While	Mot While College	tory, street, office bldg , etc.)		'n	
		5-15- 19 67			me	same as #		
				iains described abave in		Inspection 🔀, Inqu	эку 🚾 📶	and in my apinion
	death result	ed from Natural la	users 💆], Accident 🔲, Sui	cide 🗽 , Hamicide	Indetermined m	anner	
	. 4711.44	IIV	X		CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE	with	/ \	01-11	M.D. ASSISTANT MED	ICAL EXAM NER		22. DATE SIGNED
	EVA MUNEDIC	// // //		/	DEPUTY MEDICA	L EXAMINER X		
	NAME (Type) JO	obn Kehoe, M.	D.	Riverdale, Md		city town or county)		5-15-67
230	BUR AL CREMATIO			23c NAME OF CEMETERY OR	CREMATORY	23d ICCATION CRY OF TO	we (Co	ounty) (Stote)
	REMOVAL (Speciff)	/ May 18 1	967	George Wash	inaton Comot	ery Adelphi.	Marulo	and
24	FUNERAL DIRECTOR					BY REGISTRAR 256 RE	G STRAR'S SIGN	NATURE
1	y years	apterphrey, 9,	10	8494 Georgia Silver Sprin	a. Md. DAMKY	1 0 2002 00	liarles	1.00
- 4	AMERICA C.	1	outh III	DINNER DEVIN	to I'ld I TWINT	1.0 100	The state of the s	Turbar



FOR STATE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

7039 MEDICAL EXAMINER'S CERTIFICATE

1 PLACE OF DEATH					2 USUAL RESIDENCE 0 STATE	(Where deci			nce before	e odmiss	on)	
a. COUNTY	ince Georg	ro Lo	MARYLAN	ND F								
6 CITY OR TOWN (1	outside corporate im t	ze·s.	LENGTH OF STAY N 1		c CITY OR TOWN (If o	uts de corp	orate limits, write	RLRAL ond a v	ve neores	t town)		
write RURA, and g						,			1.	,		
Riverda			_DOA		Hyattsvil	lle				IE DECL	DENGE	
d NAME OF HOSPITAL	OR INSTITUTION (If no	of in hospital give	street oddress)	1	d STREET ADDRESS					e IS RESI	ARM2	
Leland Me	morial Ho:	spital	,		5103 42nd	L. Ave	enue			YES 🗌	№ 🗶	
3 NAME OF DECEASED	F	rst	Midd e		Last	4 DATI	E M	lonth	Day	Уе	ar	
(Type or print)	Will	iam	T.]	Barrett	DEA	ГН	5	12	19	67	
S SEX	. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	. DATE OF B RTH		9 AGE (In years lost birthday)	IE UNDER Months		E UNDE Hours	R 24 HRS	
male	white	WIDOWED 😿	DIVORCED [2-6-1887		80 yrs		Doys	rours	Min	
10a USUA, OCCUPATION (Sive kind of work done	10b KIND	OF BUSINESS OR		II. BIRTHPLACE (State	e or toreign	country)	12 (T ZEN OF	TAHW		
during roost of working life Nurserma	e, even if retired)	INDUS	self		Marylan	ıd			OUNTRYS	5 A		
13 FATHER S NAME					14 MOTHER'S MAIDEN							
	enry G Bar	rett			Unkno							
			4 CEC BYY NO I	17 11	NFORMANT		4	fitness.				
IS WAS DECEASED EVER (Yes, no, or unknown) (ves alve war or dates (of service)	A. SECUR TY NO		ster A Barr	4 4	Mt Raini	ddress	3			
no	7 5 -	1		Les	ster A Darr	ett	PIU MALLII	ter, me	A o			
18 CAUSE OF DEA	TH (Enter only one cou	se per line for (o)	, (b), and (c).)							ERVAL BE		
PART 1. DEATH	WAS CAUSED BY IMMEDIATE CAUSE	(a) Heart	failure						I LCM	SET AND nute	S	
4200	DUF	10 Arter	ioscleroti	c h	eart diseas	36				nown		
Conditions, if any, v	hich agua 3	(b)	1000201002	O 11.	0020 020000	, ,						
rise to immediate	couse (o), {											
stoting the underly	ing couse	(-)										
	,	(c)					Maria Dina Maria		110	WAS AUT	Oprv	
PART II OTHER S GN	ITFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATE	0 10 1	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART I(0)		14	PERFORM	NED ₂	
Ā									Y	ES 🔲	NO X	
200. EXTERNAL CAUSE PR MARY Or CONT CAUSE OF BEATH		20b DESCR	IBE HOW INJURY OCCU	RRED (Enter nature of injury in	Part I or	Port (1 of item 18)					
	KIBUTING L.											
20x TIME OF INJUR	Y Month, Doy, Year	20d INJU	RY OCCURRED 20	le PLAC	E OF INJURY (Home, for	m 201	(City or town) (0	ounty)		(State)	
Hour om	19	While	Nor While	focto	ory, street, off ce bidg , etc	()						
pm D1 1 -ATE		at work L		1 1	1 4 (1					4.5	
	Li Ci	/ /	Α		d an Autopsy 🔲,		The state of the s	nguiry 🔄	and	l in my	opinio	
death resulter	d fram Natur	of couses 130	Acc dent) .	Suici	de 💹, Hamicido	, ,	Undetermined	manner _				
ACTUAL	1 feet	1 N	1/		CHIEE MED CA				,	22. DATE	CICHER	
SIGNATURE	Alv	12,	1		M.D ASSISTANT ME					AZ. DATE	SIGNED	
EXAMINER'S _	/ 1.	1	7	3.6.2	DEPUTY MEDIC				E 7	3-67	,	
NAME 'Type)	ohn Kehoe,		Riverdade,	,	The state of the s	et, city tow	vn or county)			.5-07		
230 BURIA , CREMATION	23b DATE TH	ERFOE	23¢ NAME OF CEMETER				LOCATION (City or	,	(County	,	Stote)	
Buria Dec fy	May 16.	1967	Ft Linc	oln	Cemetery	C	olmar Man				Md.	
24 EUNERAL DIRECTOR		_ 1	ADDRESS		ZSo REC	D BY REG	STRAR 256	REGISTRAR S	S GNATUE	RE		
F. Gasc	h's Sons	Hyattsv	ille, Md.		DATE	MANY .	1 4 4007	091		0	100	
	Maria and Maria	ACCORDAGA MALAMATA PRO-			T	MAT :	1-7-1967	- House	-3.C.	A XIVE	7	

VR A15ME (5) 6M 1/67

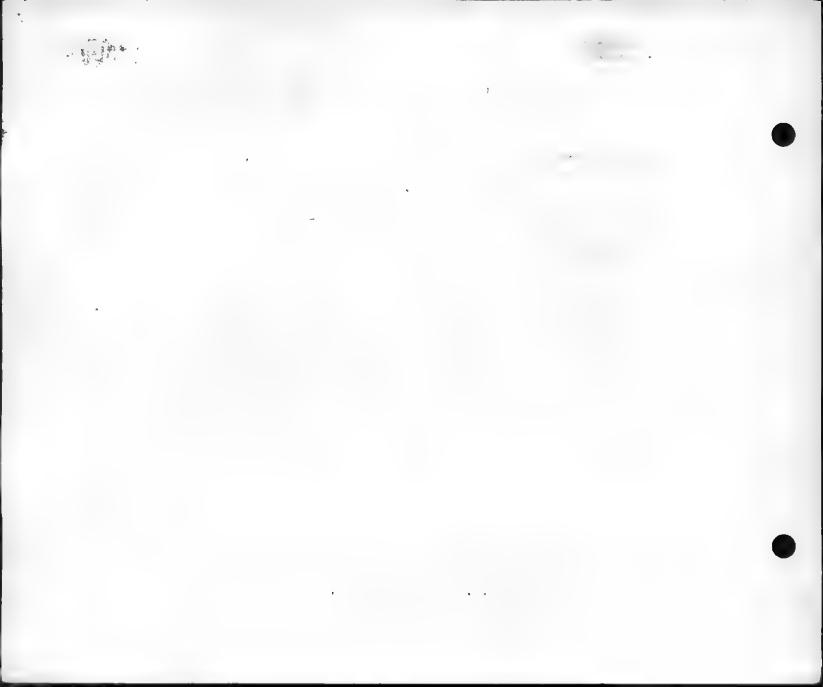
necessary, please execute the certificate, writing the ward "pending" pend in Item 18 G ve Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Region Region of the along with form PM3 Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit File pages. Land 2 with the State Department of

Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death

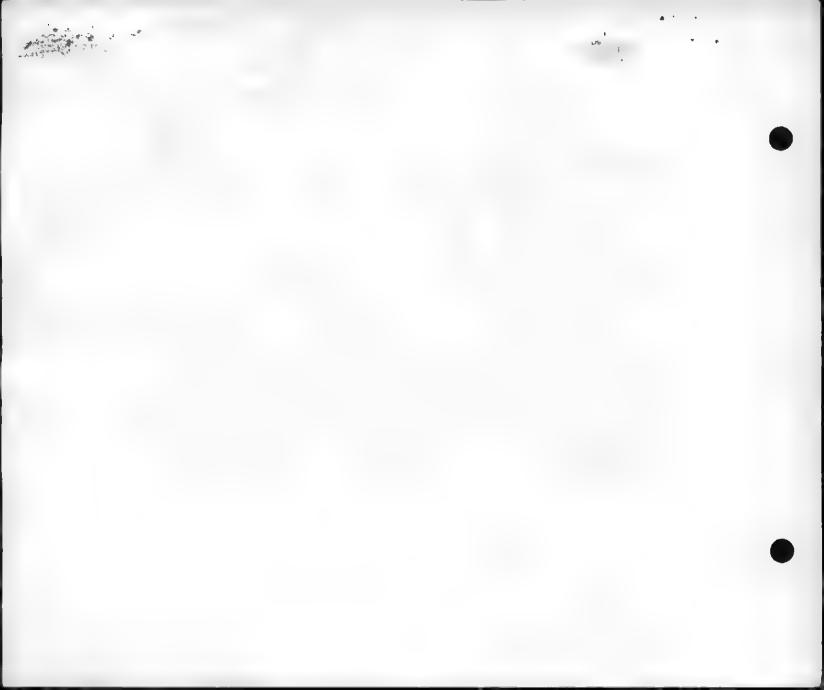
any delay is



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(- a)			07041		CERTIF	ICATE OF	DEATH		100	7024
		1 PL	ACE OF DEATH COUNTY				IAL RESIDENCE (Wh	ere deceased lived, r	f institution. Residence	é before admission)
5-4		7	Rinee Georges		MAR	rland 0. 3	MARYI	and	b. COUNTY	el Georges
the ages s afi		b	CITY OR TOWN (if outside corpolate imi	5,	c. LENGTH OF STAY	N Ib C CITY	OR TOWN (If outs	de carporate limits, i	write RURAL and give	neorest town)
by Per			Clinton			m	orning;	side		16. 1
d in pers 721	16		NAME OF HOSPITAL OR INSTITUTION (IF I	at in hespitel,	give street address)	l .	EET ADDRESS /	1, 1,	(e IS RESIDENCE ON A FARM?
file pa	15		AME OF F	HOSP.	12/	120	4 WOO		· ·	YES NO
completely filled in by the or trops of the propers. Pages y event, within 72 haurs aft		DI	CEASED Has	el	Middle	Be	uch	OF DEATH	Manth	9 1967
ompliant v	1	S. SE		7, MARRIED	NEVER MARRIE	B. DATE	OF BIRTH	9 AGE (n		YEAR IF UNDER 24 HRS
Z 2 3			$r = \omega$	WIDOWED	DIVORCE	3	-13-19	1/2 last birt	hday) Months yrs	Days Hours Min
an. by the attending physician and transit permit. Then please ren crematian, ar removal, and in a		10a L during	ISUAL OCCUPATION (Give kind of work done most of working life, even if retired)	11	CIND OF BUSINESS OR NDUSTRY	11. BIF	RTHPLACE (County & S	late, ar fareign caunt		IZEN OF WHAT JNTRY?
ysici plec		13. F	ATHER'S NAME			14. MC	THER SMAIDEN NA	ME CALO	/ NAT	
hen		2	Viley Will	es			FOCK!	e A	AM	
ding ren		15 \ /Yes	NAS DECEASED IVER IN U.S. ARMED FORCES' no, ar unknawn) ((If yes give war or dates	f service) 16	SOCIAL SECURITY NO.	17. INFORMA	INT	-	Address	zd.
attendi permit. ian, ar r		1163,	in, a dikilawii) (ii yes give wai di dales	al service)		Robe	ET H	Bench-	SAME A	SITEM 2
an. by the attending ransit permit. Th rematian, ar rem			IB. CAUSE OF DEATH (Enter only one co PART I, DEATH WAS CAUSED BY	ise per line fo	r (a), (b), and (c).)	1 to		1		INTERVAL BETWEEN ONSET AND DEATH
in. by t rans			IMMEDIATE CAUSI		erena	e ne	more	wy		1 hours
G 75 1 5			DU Conditions, if any, which gave)	100	50 km 111	300 ul	er ac	resto	ent	3 100
physici signed burial-t burial,		l I	ise to immediate cause (a), ((b) <u>(b)</u>	1				-11.00	2000
tending us been as the priar ta			tating the <u>underlying cause</u>	(1) - he	meiter	restel	Collers	Clerk	e vicience	2
		2 1	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING	O DEATH BUT NOT REE	ATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	1(a)	19 WAS ALTOPSY PERFORMED?
al ar at cate ho or use Health	2	CATIO								YES NO
for fire			OG ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY O	CCURRED (Enter na	ture of injury in Pai	rt I ar Part II of iten	1 IB)	
haspi is cert tached tept. a			IF EITHER, NOTIFY MEDICAL EXAMINER)							
by the has After this ce be detache State Dept.		MEDICAL	20c TIME OF NAURY Month, Day, Year Hour o.m. p.m. 19	20d While			URY (Home, farm, t, office bldg , etc.)	20f (Cty ar	(Cou	nty) (State)
			21 I certify that (I) (this ha		ded the deceased	from 7/	, , ,	67.10	-7,196	That (I) (we) last
OR: ould			saw the deceased alive an_	5-	<u> 1967,</u>	and that death	occurred at	500/M, from o	auses and an th	e dote stoted above.
be refained SIRECTOR: , je 3 should ed with the			220. SIGNATURE	10	\mathcal{Q}_{i}			ED STA	FF -	TE SIGNED
DIR DIR ge		-	22c. PHYSTCIANS	0	Supen	220 PHY	ADDRESS	RECTOR L PHY	S L. 5-	9-67
Page 4 may be retainer TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	1		NAME (Type) U ACF	REI	D'RL	AP/IVM	2 (an	longin	21
UNE CUNE Culd		23a	BUR AL, CREMATION, 23b. DATE TH	EREOF	23c NAME OF CEM	ETERY OR CREMATO	RY	23d. LOCATION (C		(Caunty) (State)
5 5 4 W			REMOVAN (Specify) Byrial May 13	-1967		Cemetery		Lansing	2.7	Carolina
		24	FUNERAL DIRECTOR	1.	ADDRESS		2So REC'D B	Y REGISTRAR	25b REGISTRAR 5 SI	
VR A15 (4) 25M 1/67		18	Laton Broc. 1661.	-Good	Hope Rd SI	I Wash I	DATMAY	1 1 1927	Milant	By Judges

TO HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



fuñera

7642

MARYLAND STATE DEPARTMENT OF HEALTH

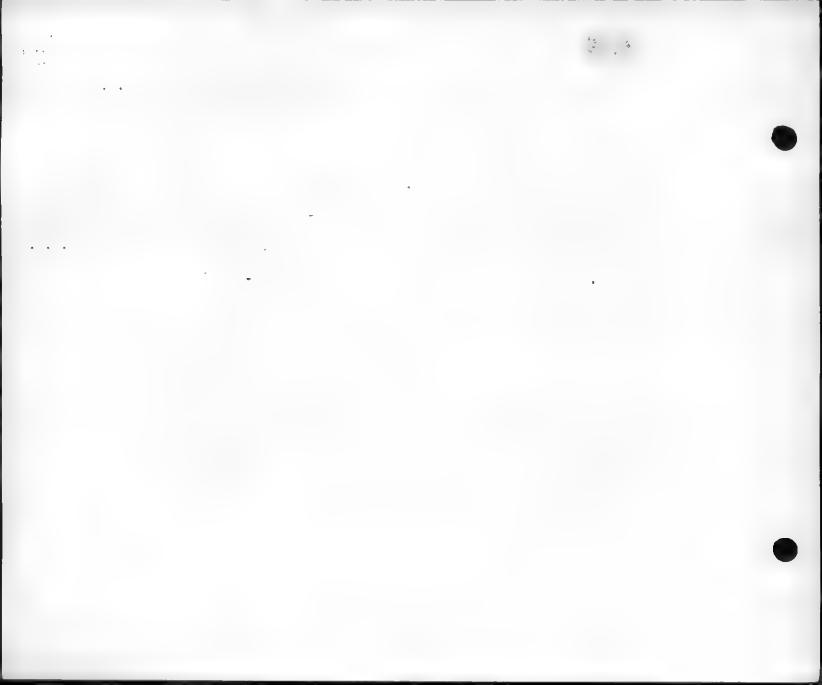
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	IFICATE	OF	DEATH

00201

9			42.4111.14711	- 01 PE/1111			<u> </u>	1000		
1 PLACE OF				2 USUAL RESIDENCE	(Where deceased	lived, if institution	n Res dence befo	ore odmission)		
o. COUNTY	Prince Georges		MARYLAND	o. STATE Maryl	and	p. COUN	P.G.			
	TOWN (If outside corporate similar,		C LENGTH OF STAY IN 15	CCITY OR TOWN (IF	outside corporate			st town)		
	URAL and give nearest town)		36 days	Laure				, ,		
	F HOSPITAL DR INSTITUTION (If not	in hospital, aiv	2 4 41.0	d STREET ADDRESS				e S RESIDENCE		
	gene Leland Mem	1 , 9	,		Ward St.		}	ON A FARM? YES NO 3		
3 NAME OF	Firs		M-ddle	Lost	4 DATE	Month	Do			
DECEASED (Type or pr			GUY	Bedwell	OF DEATH	May	28	19 67		
S. SEX	6 COLOR OR RACE		NEVER MARRIED	B DATE OF BIRTH	9 /	AGE (in years	IF JNDER 1 YEAR			
Male	White	WIDOWED [DIVORCED	5-23-03		lost bythdoy)	Months Doys	Hours Mill		
10o USUAL OCC	[UPATION (Give kind of work done	10b KINI	O OF BUSINESS OR	11 BIRTHPLACE (Count	ty & State, or foreio		12 CITIZEN C)F WHAT		
during most of	working life, even if retired) orse Trainer	IND	UBLIC STAB	ZZE C	elorode		COUNTRY	U.S.A.		
13. FATHER'S			0/3-10 3.712	14. MOTHER'S MAIDEN						
Harr	y G. Bedwell			Letta	Clark	c				
IS. WAS DECE	ASED EVER IN U.S. ARMED FORCES?		CIAL SECURITY NO. 17	INFORMANT		Addres	S			
(Yes, no, or an	known) (If yes give wor or dotes of	service 21	3-16-2926	hespital re	cords					
IB. CAUS	SE OF DEATH (Enter only one cous	e per line for (c	o), (b), ond (c).)				IN	TERVAL BETWEEN		
PAR	T I DEATH WAS CAUSED BY IMMEDIATE CAUSE (- "	ARCINON	1ATOSIS				NSET AND DEATH		
1 /5	DIFTO									
	s, if ony, which gave	b) 4	DENOCARRO	INOMA	OF C	OLON	1	1 7R		
	nmediate couse (a), DUE T	0								
lost.		c)								
PART II	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN	IN PART I(o)	19	WAS AUTOPSY PERFORMED?		
ATIO								YES NO		
	DENT WAS UNDERLYING	20b DESC	RIBE HOW INJURY OCCURRED	(Enter nature of injury in	n Port I or Part I	of item 18)	-			
	BUTING CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)									
20c TIMI	OF MURY Month, Doy, Year		URY OCCURRED 20e. P.	ACE OF INJURY (Home, for	rm, 20f ((ty or town)	(County)	(Stote)		
Æ	Hour'o.m. 19	While of work	Not While I	octory, street, office bldg., etc	(.)					
21.	I certify that (I) (this hasp		d the deceased fram_	4.22	19 67, ta	5.28	1967.1	hat (I) (we) lo		
	the deceased alive an	5.2	$\underline{}$ 19 $\underline{\mathcal{L}}$ 7, and th	at death accurred a	IDZEPM,	from causes a	nd on the da	te stated abay		
22o SIG	NATURE ()	i		ATTENDING C	MED	STAFF	22b. DATE SIG	NED /-		
	C- 1.77	our	arm/ 1	A.D PHYS L.	DIRECTOR L	PHYS 🖭	5.	2867		
22c PHV	SICIAN'S ME (Type)	40UM	salv/	22d ADDRESS	RIVE	CDALE	M			
								<i></i>		
230 BURNAL (REMATION, 23b DATE THER	EOF	23c NAME OF CEMETERY/O	- /./	23d LOCA	TION (City or Tow	(Count	y) (Stote)		
7 7		-67	Anylye	U, Cem.	Ro	ruel	1-6.	Ind.		
ZA FURERAL	SUBERIOR !	No.	ADDRESS	A 250N	D BY REGISTRAR	25b REG	istrar's signatu			
1.6-111	111111111111111111111111111111111111111	24/1/4	I KIN I MI I'	DATE	. T 0 10(31 1	CONTRACTOR NO	COLOR.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death cartificate ba executed within 24 hours after death. Sician and campletely filled in by the director, page 3 shauld be detached far use as the bural-transit permit. They please remave carban papers. Pac shauld be filed with the State Dept. af Health priar ta bural, crematian, or remaval, and in any event, within 72 haurs TO FUNERAL DIRECTOR: After this certificate has been signed by the attenduy of director, page 3 should be detached far use as the burial-transit permit. They Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



funeral and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the lospital or attending physician. death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pashould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hows

> VR A15 (4) 15M 4-64

	DIVISIO	N OF STAT				CORDS	PARTMENT O , 301 W. PRESTO E OF DEAT	DN ST		TIMORĘ	1, MARY	LAND	¥
1.		e Georg	_			/LAND	2. USUAL RESIDEN a. STATE Mary la	and	1	Pr. G	ieo.		-
	b. CITY OR TOW Write RURAL Cheve d. NAME OF HO	rly]	c. LENGTH OF STA 4 days spital, give street a		Upper	Mai	rlboro	nits, write i		a. IS RES	IDENCE
		e Geo.				,		- R.	F.?D.	- Bo		ON A F	NO X
3.	NAME OF DECEASED (Type or print)		First Sens		Middle		Last Bindig		OATE OF DEATH	Month May	Day 17	Yea 19 ⁽	
F	sex emale	6. COLOR OR	WI	RRIED	DIVORCE	:0 [1/17/18	97	9. AGE (In last bir 70	thday) Mo		Hours	Min.
	U.S.Po	st Off:	if work done retired) 1 C ⊖		ND OF BUSINESS OF COUSTRY	R	Utah			country)	12. CITIZEN COUNTRY U.S	17	
13.	Peter NAN		on				14. MOTHER'S MA Maria						
15 (Ye	. WAS OECEASED es, no, or unkown)	EVER IN U.S. AR (If yes give war o	MED FORCES? r dates of service	e)	1-03-875		informant rs.Martha	E.	Kruege		107-1.8 lvd.,;		ato
		EATH WAS CAUS	SED BY: CAUSE (a)	e per li	ne for (a), (b), and (Sister-in AL 460		PHAG	Minn E		RVAL BE SET AND	
	Conditions, if gave rise to cause (a), s	any, which Immediate tating the	DUE TO (b) OUE TO	C	erebral	2 A	rferosce	CLE	bus				
CERTIFICATION	PART II. OTHER		(c) Onditions <u>co</u>				TED TO THE TERMINAL				YI	WAS AU PERFOR	
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLY ING CAUSE OTIFY MEDICAL	ING DEATH EXAMINER)	20b. 0	ESCRIBE HOW INJU	JRY OCCU	IRREO. (Enter nature	of injur	y in Part I or F	art II of It	em 18.)		
MEDICAL	Hour a.	INJURY Month m. m.	, Öay, Year 19	While	Not While at work		CE OF INJURY (Home, ry, street, office bldg.,		20f. (City or	own)	(County)	(5	State)

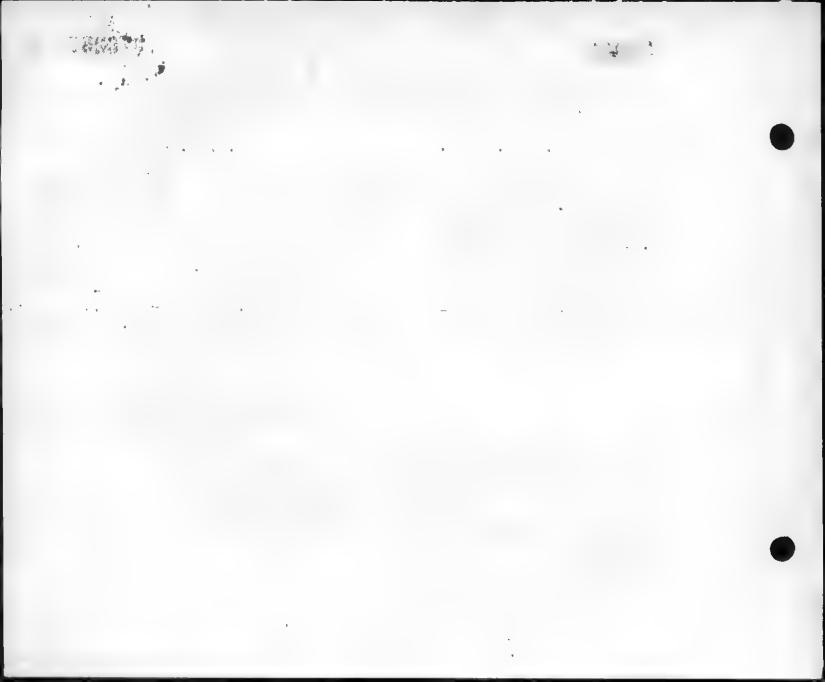
from 5-14-, 1967, to 5-17-, 1967, that (I) (we) last and that death occurred at 2.3 °M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from 1967 saw the deceased alive on may

SIGNATURE							ZZD. UATE STUNED	
Lyamen & miller	Now X	M.O. PHYS	NOING 🔀	MED. OIRECTOR	STAFF PHYS.		5-18-61	7
DUGE TUCKNIS	11	M.U. PHI	الجا	OIKEGIOK [_]	PHIO	Travel	7.0	
C. PHYSICIAN'S NAME (Type)		22d	AODRESS					

BURIAL, CREMATION, REMOVAL (Specify) (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. 23b. OATE THEREOF 23c. Colmar REC'O BY REGISTRAR 2 MAY 22 1987 Lincoln Cem. Manor, Fort REGISTRAR'S SIGNATURE AOORESS 24. FUNERAL OIRECTOR 258.

Home Inc. Funeral

22



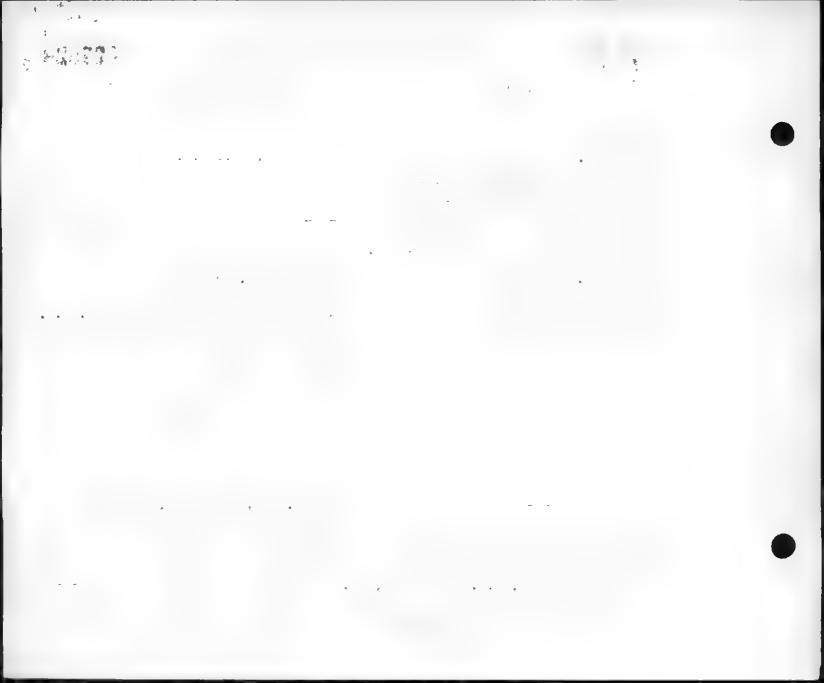
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If igstitution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporale lim ts. c. CITY OR TOWN (If outside corporate firmts, write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street IS RESIDENCE ON A FARM? YES NO DE completely papers. NAME OF DECEASED (Type or print) DEATH 19 S. SEX AGE (In yeary F UNDER I YEAR IF UNDER 24 HRS and last buthday) physician 10a. USJA. OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) buse wiFe MARYIAND 13. FATHER'S NAME 15. WAS DECEASED EVER N U.S ARMED FORCES? (Yes, no, or unkown) (If yes a vewar or detes of service) signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gove rise to immediate cause DUE TO (a), steting the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CO PERFORMED? YES -NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of frem IB) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF NJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from , and that death occured at M...M, from the causes and on the date stated above saw the deceased alive on. 225. DATE 22ª SIGNATURE MED SIGNED PHYS. DIRECTOR death. Page TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3408-Rhode Island Ave Leon 238 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOXAL (Specify) Conar Hill Cemetery Suitland. Maryland 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) _1561-Good lope Rd SE

AND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

77.08

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #24 File JG 28 5/16/67 pc MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved of institution Residence before admission COUNTY b COUNTY District Of Columbia MARYLAND Prince George's b (ITY OR TOWN (1 outside corporate limits LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) te Deportmen write RURAL and give nearest town) Cheverly Washington d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Farm 501 60th St. N.E. Give Pages YES NO X 1711 62nd. Avenue Item 18. Give Page: Office along with fr 24 hours ofter death NAME OF Middle 4 DATE Month Year DECEASED the Blackford (Type or pnnt) Frederick William DEATH 9 AGE (n years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BRTH IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months deoth WIDOWED DIVORCED 6-12-1936 ond 2 male negro IGo, USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
CHAUFFEUR INDUSTRY COUNTRY? hours ofter RENTAL CAR CO. USA forwarded to the Chief Medical Examiner's This certificate should be executed within 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ESTELLE P. CORAN HOWARD M. BLACKFORD ۵ Ξ 15 WAS DECEASED EVER NUS ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address event within 72 permit. "pend ng" MRS. DOROTHY BLACKFORD 501 60TH ST. N.E. UNKNOWN. 18 CAUSE OF DEATH (Enter only one couse per ine for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (6) Gun shot wound of chest writing the word DUE TO any Conditions, if only, which gove rise to immediate cause (a). Ξ DUE TO stating the underlying couse 0 0.5 last be used PART IF OTHER SIGN F (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) 19 WAS ALTOPSY removol, PERFORMED? the certificate, NO. should be 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of njury in Port 1 or Port 1 of stem 18) 3 should PRIMARY CONTRIBUTING cremotion, or CAL EXAMINER: CAUSE OF DEATH Shot self in chest 65 2Dd INJURY OCCURRED 20e PLACE OF NJURY I Home form. 20t (City or fown) 20c TIME OF INDIRY Month Dov Year (State) 19 67 While Not While of work of work foctory street office bldg etc.)
1711 62nd. Ave., Cheverly, Maryland Hour om. DIRECTOR: Page 21 I certify that I taak charge of the remains described above, held an Autapsy , Inspection xt. Inquiry xt. and in my opinion Undetermined manner moy be retained FUNERAL DIRECTO Natural causes death resulted fram Acedent Suicide X. Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MED CA. EXAMINER TO 5-8-67 **EXAMINER'S** Kehoe, M.D. Riverdale, Md. John NAME (Type) Address (Street, cly town or rounty) the 23t DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23c BURIAL CREMATION 23d LOCATION lify or Tolyn (County) 50 REMOVAL (Spec fy) 5-11-67 LINCOLN MEMORIAL CEMETERY SUITLAND, MARYLAND 24 FUNERAL DIRECTOR ADDRESS Janes Judge VR A 15ME (5) Dyson Funeral Home 3015 12th St., N.E. 6M 1 67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FORST	ATTE	B	07046	MEDICA	AL EXAMINER'S	CERTIFICATE C	F DEATH		71128
HEALTY	MEPT.		PLACE OF DEATH			2 USUAL RESIDENCE	Where deceased lived, if		beiola comis
200	10		COUNTY Prince Geor	and s	MARYLAND	a. STATE	Mexica	6 CDUNTY	
300		-	CITY OR TOWN (II outs de corporate I mits.	703	LENGTH OF STAY N 1b	c CITY OR TOWN (If o	utside corporate I m ts, w	rite RuRAL and a ve	neorest lawn)
dei and A3.	ţm.		write RURAL and give georest town)		DAA	11	1	, , , , , , , , , , , , , , , , , , , ,	
2, Z	Department	_	LNAME OF HOSP TAL OR INSTITUTION (II not i	hosaital and	El O I	STORET APPORT	rda		T e IS RES
H c as I, form	O	1	7	Canal give	sireer dodress)	11/11/0 -	ې د ساسم	~L	DN A
eath Pages	d d		rince George	ren. r	105prta1	1616 Jet	Ferson S	>1.	YES
death Page with f	55		NAME OF First		Midd e	Q Last Q	4 DATE OF	Month	Day Y
fer d Give ong w	是 1)		Type or print) CQLU/	7	Н.	Doren	DEATH	3	19
after c 8 Give along		[⁵]	SEX 6 COLDR OR RACE 7	MARRIED 💢	HETER MINICIPED	8 DATE OF BIRTH	9 AGE (In y		YEAR IF UND Days Hours
75 m	at d		hale white	WIDDWED	DIVORCED	20 May 191	0 56	ALZ	
haurs ite≡ 1 Office	land 2 v er death	10a	JSUAL OCCUPATION (Give kind of work done		OF BUSINESS OR	11 BIRTHPLACE (Stote	or foreign country)		ZEN DE WHAT
2 4 5	ges l ofter	uji	ng mast at stortinga lite, over if retired)	VIDUS	AIR FORCE	6 72	EXAS	1	JiS, A
in er	gages land 2 with the State	13	FATHER'S NAME			14. MDTHER'S MAIDEN	NAME		
within 7 n pencil i Examiner	permit File Bag within 72 haurs		UNKN	DUN		UNK	NOWN		
X	File 72 hou		WAS DECEASED EVER IN US ARMED FORCES?		AL SECUR TY ND 17.	INFORMANT		Address	
	ĒĒ	(¥€	s, no, ar unknawn) (II yes gwe war ar dates af s	N/ WA	INNOWA	RECARAS	ANDREW	AIR FO	REE
m Executed pending in sf Medical E	permit within 72		1 CAUSE OF DEATH (Enter any one cause	per line for (a).	(b), and (c))	I - VOJYON	11118-180-18		INTERVAL B
er pe	transit event		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d)	Anuto	Coronar	y Occli	(S10A		CONSET AND
20 00			IMMEDIATE CAUSE (Q)	Andor	io Scleroti	h Heavit	Disease		ynkno.
ward ward the C	urial		Conditions, if any, which gave) (b)	HITCH	10001071	3 /1 Car.	010-10-		
the to	=		rise to immediate couse (a), { pur to						
ng t	as a		stoting the underlying cause (c)						
cartificat , writing arwardad	p		PART II OTHER SIGNIFICANT (DINDITIONS CON	FRIBLIT NG ID D	EATH R.IT NOT RELATED TO	THE TERM NA. D SEASE OF	NDITION G VEN IN PART	[(n)	19 WAS AU
. × × × × × × × × × × × × × × × × × × ×	sed oval,	NOL	- ART II STILL SUMMER COMMISSION COM	TRIDO NO D	EATH DOT NO REERED TO	THE VERMITTE OF SERVICE CE		,,,,,,	PERFOR
This icate, be fa	pe em	CERTIFICATION	20a EXTERNAL CAUSE WAS	Tool precent	BE HOW INJURY DCCURRED	(Internative al. m. n. n	Part or Part II ol stom	10 3	110
d b	should	ERTI	PRIMARY I or CONTRIBUTING I	200 DESCRI	DE HOM INJOKA DECORRED	(turer irange of fire à u	ran u ran II ui iteni	10 }	
cer cer	sho n,	AL C	CAUSE DE DEATH	001 101111	LINCO BRED. I DO DIA	of pf in tipy /if	n 20f (City or to	awr (fg)	
t sk	m Ĭ	MEDICAL	20c TME DF INJURY Manth, Day, Year Haur o.m.	While -		ICE DF IN.URY (Hame for tory, street, affice bldg , etc		1861	114)
XA te ge	Page	20	p m. 19	at work 🗀					
Page			21 I certify that I took charge of						and in my
A y p	burnal,		death resulted fram) Norwal	couses 4.	Accusent . Su	cide 🔲 , Hamicide		ned manner 🔲	
MEDIC please a directar	3 P		ACTUAL	1/ .	1	CHIEF MED CA	. EXAMINER		00 D.T
	RAL DIR		SIGNATURE	1	byt		DICAL EXAMINER		22. DAT
essary, funeral ay be	P II		EXAMINER'S	00 0	0 (1)	DEPUTY MEDIC			r- 10
n DERUTY necessary, the funero	FUNERAL DIRE	L	NAME (Type John Kehoe,	$n_{i,Q}$	Kiverdale	Address (Street	t cly town or county)	T 0	5 //
The the total		230	BURIA, CREMAN ON, 23h DAJE THERE	1/1/20 3	SC NAME OF CEMETERY OR	TREMATORY	23d LOCATION TI	y wny	County
I —	-		BURIAL 3/10/	6/	FONT SAI	7 12005701	1 SHIV H	NTONIO	1/4
VR A15		24	TUNERAL DIRECTOR	1 1.10	5-10905 // 7212	57.6, E. 250 REC	11/ = =	25h REGISTRAR S SI	SNATURE
6M 1		1	UINI CHAMBEKS CO	MC.	UASH. D.	C, DATE M.	AY 12 1967	Jeliany	By Jud
		_						11	

25E REGISTRAR'S SIGNATURE

e IS RESIDENCE DN A FARM? ND

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN UNKNOW1.

> 19 WAS AUTOPSY PERFORMED? YES ND

> > (State)

and in my apinian

22. DATE SIGNED

į	17041			CEKIIF	ICATE	OF DEATH				U3526
	LACE OF DEATH					2 USUAL RESIDENCE	(Where deceas			before admission)
	rince Ge	0700C		MARY	(IAND	o. STATE Maryland		b (0)		
L b	CITY OR TOWN (outside corporate limits		c, LENGTH OF STAY I		CITY OR TOWN (If o	istade carpara	nte limits, write R.	nce Geo	negrest tawn
	write RURAL and	give nearest tawn)	,					ore minis, with A	mile wild give i	
	heverly	L OR INSTITUTION (If no	1 1 2 2 4 1	2hrs.14 n	mins.	Riverdale d. STREET ADDRESS	2			
đ	I NAME UF HUSPIIA	T OK INSTRUCTION (II DO	it in haspital, g	ive street address		d. STREET ADDRESS				B IS RESIDENCE ON A FARM?
P	rince Ge	orges Gener	cal Hos	pital		5312 Rive	rdale	Rd.		YES NO
	NAME OF DECEASED	Fir	st	Middle		Lost	4 DATE	Mai	•th	Doy Year
(Type or pant)		Baby	Gir1		Borras	OF DEATH	May		28 19 67
2 2	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	KK	DATE OF BIRTH	9	AGE (In years	LIF JNDER	AR IPUNDER 24 HRS
F	'emale	White	WIDOWED	DIVORCED		May 28, 1	1967	last birthday)	Months L	Poys Hours Min.
()a	USUAL OCCUPATION	(G ve kind of wark dane	1Db KI	NO OF BUSINESS OR		11 BIRTHPLACE (County		*	T 12 CITIZ	EN OF WHAT
utii	ng most of working t	ile, even if retired)		DUSTRY			20.0.0,0110	3		TRY?
13	FATHER S NAME					14. MOTHER'S MAIDEN	NAME			<u> </u>
13										
	Joseph B					Barbara A	Ann Sp			
IS.	WAS DECEASED EVER	l IN U.S. ARMED FORCES? (If yes give war or dates a	f service)	SOCIAL SECURITY NO	17 11	NFORMANT		Add	ress	
£100	, 110, 01 01111104117	it to all to the or or do to a	1 301 1100							
Ī	18. CAUSE OF DE	ATH (Enter only ane caus	se per line far.	(a), (b), and (c),)		vidilit du "				INTERVAL BETWEEN
- 1	PART DEAT	H WAS CAUSED BY	()	10 Mars	1					ONSET AND DEATH
		IMMEDIATE CAUSE (_	1 11 -	= +					
ŀ	Conditions, if any, which gave									
	rise to immediate couse (a),									
	stating the under									
	last		(c)							
z I	PART IF OTHER SIG	NIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	INDITION GIVE	EN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
Ĭ										YES X NO
CERTIFICATION	2Do ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OF	CCURRED (Enter nature of injury in	Part I or Par	rt II af item 18)		
Ě	OR CONTRIBUTING DE									
3	-	RY Month, Day, Year	2Dd. IN	NJURY OCCURRED	20e PLAC	E OF INJURY (Hame, far	m. 20f	(City or town)	(Coun	(Stote)
MEDICAL	Haur a.m	10	While	Not While		iry, street, affice bldg , etc.		()	1000	1/ (2/2/0)
1	m.q		at work							
				led the deceased	from	May 28,	1967_, 1	May 2	8 1967	, that (I) (xees) last
		ceased alive an M	lay 28	1967	and that	death occurred of	1:30p	A, from couses		date stated obove.
	22o. SIGNATURE	-1	1	RI	1	ATTENDING	MED	STAFF C	22b DAT	SIGNED
		200 Tara	12	July,	M.D	PHYS KX	DIRECTOR	PHYS [] 5/.	29/37
	22c PHYSICIAN'S			9		22d. ADDRESS				1 1
	NAME (Type)	John R. B	uell,	M. D. '		8116 Gorm	nan Ave	Laure	l, Mary	land
23a	BURIAL, CREMATIO	N, 23b DATE THE	REOF	23c NAME OF CEME	TERY OR C	REMATORY	230 10	CATION (City of T	own) (C	ounty) (State)
	REMOVAL (Specify)	6/10/6				s Gen. Hosp		everly	,	.,
24	remedian		/ /-						EGISTRÁR'S SIG	G Maryland
H	EXXX W	Penn Joch	Admin.	Cheverly	. Ma	ryland DATE	114	967	liance	Judan
25	17 2 2 6	-	/	, , , , , , , , ,	3	- J - DATE			- V	1 1

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please carpor carbon papers. Pages in and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in the sevent, within 72 hours after the capital carbon. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

PG Y

IO HOSFITE OR ATTENDED PHYSICIAN: The law requires that the death cerificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely f director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon should be filed with the State Dept at Health priar to burial, crematian, ar removal, and in any event, with

physician and campletely filled in by the fune

pagers. Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH

	07048	DIVISION OT STATIS					OF DEATH						029	
	LACE OF DEATH COUNTY	Prince Ge	2222			RYLAND	2 USUAL RESIDENC o. STATE When	E (Where o	leceased liv	ed, if institut	on Weside	nce befor Che	e odm ssie	an
b	CITY OR TOWN (If outside corporate limit give nearest tawn)	rs,	T	C LENGTH OF STAY	FN 1b	c CITY OR TOWN (If	outside co	rporate lim	its, write RUF	AL ond gr			
d	NAME OF HOSPIT	Hyattsvil AL OR INSTITUTION (If n		ipital, gr	11 mo. 6 ve street address)	days	d. STREET ADDRESS	e,Pl	ains				e (S RESI) ON A F	DENCE
		rt Home,58		ueer		Road				adway			YES 🗌	NO [
D	IAME OF ECEASED Type or print)		irst Va.		Middle Fi.d	elis	Brady	4. D		Man	ħ	Doy 21	Ye 19	-
S	EX Female	6 COLOR OR RACE White	7 MAI WID	RRIED [NEVER MARRI		nuary 1,	1885		(In years birthday) yrs.	IF UNDER Manths	Days	IF JNDE	R 24 HI
0a Uran	US JAL OCCUPATION ng most of working	(Give kind of work done life, even if refixed) housewife		10b. KIN	D OF BUSINESS OR USTRY OWN Hom		11. BIRTHPLACE (Cou New York	nty & Stote	, or fareign o		(1	ITIZEN OF OUNTRY? Lted		tes
13	FATHER'S NAME	John Barre	tt				14 MOTHER'S MAIDI	N NAME		Anger	S			
IS. (Yes	WAS DECEASED EVE , no, or unknown) 10	R IN U.S. ARMED FORCES? (If yes give war or dates	af service	1	CIAL SECURITY NO -05-4915		NFORMANT cred Heart			Addre	22	Mary	vlanc	1
T	1B. CAUSE OF DI PART 1 DEA	EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE	/	nte for (o), (b) and (c) (l m	navar	20	210	ho	1400		ERVAL BET SET AND D	
	Conditions, if ony	DUI , which gave)	10	m	oniel	aun	100- 101	2040	laz;	186	tori			
-1	rise to immediat stoting the unde last.		10 8	cle	Hern									
ATION	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBU	JTING TO	DEATH BUT NOT R	ELATED TO 1	HE TERMINAL DISEASE	CONDITION	GIVEN IN	PART I(o)		19 y	WAS AUTI PERFORM ES []	OPSY NED?
~		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2	205. DES	CRIBE HOW INJURY		Enter noture of injury		ır Part II of	item 1B)				
MEDICA	20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 19 While at wark at wark at wark 19 at wa													
		fy that (1) (this ha eceased aliye an_	spital	attend		d from ${\cal G}$, and that	death accurred	19 40 at 5 10	5, to 3	m causes	, 1% and an		nat (I) (e stated	
	22a. SIGNATURE	(Polosi)	11/6	1	Harle	2 MI	ATTENDING	MED		STAFF PHYS		DATE SIGN		7

Robert C. Haile

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

23d. LOCATION (City or Town)

(County)

BURIAL, CREMATION, REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR

22c. PHYSICIAN'S NAME (Type)

5-25-67

Danbury

VR A15 (4) 20 M 1/66

St. Peters
4739 Baltimore Ave.
Hyattsville, Maryland GASCH'S

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OMOTA:	CERTIFICATE	OF DEATH		07000				
-	37043	CERTIFICATE		ii	07050				
	PLACE OF DEATH o. COUNTY Prince George	s MARYLAND		Where deceosed lived, if institution ryland b., COUNT	Y Pro Georges				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Cheverly, Fid.	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou Carrol	tside corporate limits, write RURA 1ton	L and give nearest town)				
	d NAME OF HOSPITAL OR INSTITUTION (If not by herince Georges General		d street address 5814 Lamo	nt Drive	8 IS RESIDENCE ON A FARM? YES NO X				
3	NAME OF Filippa, Maria E (Type or print)	ugenia DiGregorio	Brancato	4. DATE Month OF Maj	5, 19 67.				
5	female white	ARRIED NEVER MARRIED 6	Oct. 29, 18	() () ()	Months Doys Hours Min.				
10c dur	uSUAL OCCUPATION (Give kind of work done ing most of working the, even if retired)	10b KIND OF BUSINESS OR NDUSTRY OWN HOME	Palermo,	Stote, or foreign country) Itlay	12 CITIZEN OF WHAT				
13	FATHER'S NAME Pasquale DiGregor	rio	14 MOTHER'S MAIDEN N Ignazia	Buscemi					
TS (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv 120		NFORMANT ettimo E Bra	Address ncato Carrollt					
	18 CAUSE OF DEATH (Enter only one couse pe PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)				INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gove) (b)	D: Oaleral	bus ne	Hurri					
	rise to immediate couse (a), stating the underlying couse lost								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BOTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY YES 3 NO				
CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter notuse of injury in	Port I or Port II of Item 18)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m p.m. 19		CE OF INJURY (Home, farm ory, street, office bldg , etc.)		(County) (State)				
	21. I certify that (I) (this hospital saw the deceased alive an	attended the deceased fram #	t death accurred at,	965 to <u>5 - 6</u> 4, 3 M, from causes a	, 19 67 , that (I) (we) las nd an the date stated abave				
	220 STENATURE	LAGA MI	ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b DATE SIGNED				
	22c PHYSICIAN'S NAME (Type) George	lageage	22d ADDRESS Cotta	ge City, Md.					
23	o. Burial, (remation, REMOVAL (Specify) May 9, 19			23d LOCATION (City or Tow Washington	D. C.				
2	F. Gasch's Sons Hya	ADDRESS attsville, Md.	2So. REC'U		STRAR S SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please reminded and papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any every, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

Section 2

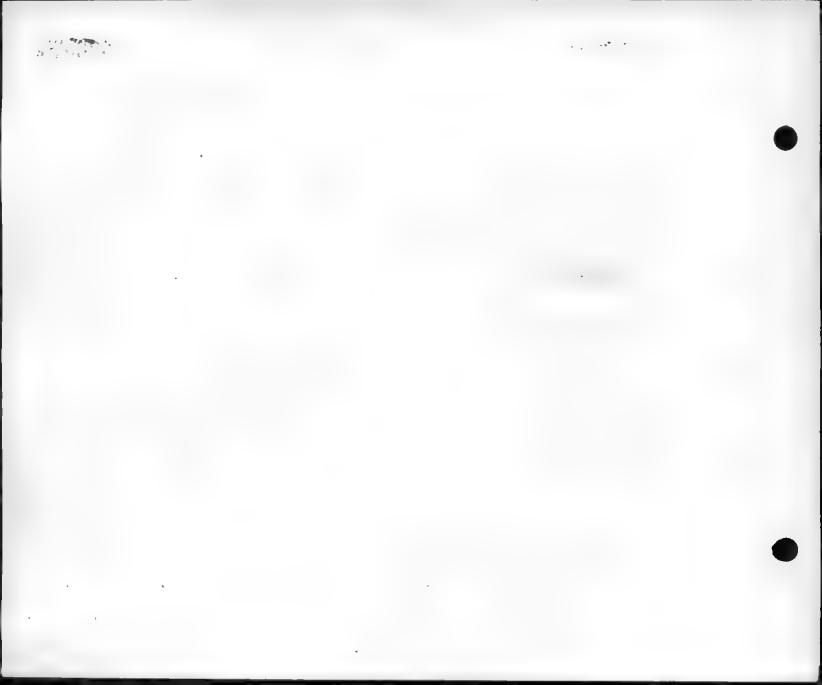
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission): o. COUNTY b. COUNTY Prince George Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) event, within 72 hours a write RURAL and give nearest tawn) kiverd∍lĕ Hyattsville requires that the death certificate be executed within 24 hou d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RES DENCE ON A FARM? Eugene Leland Memorial Hospital 3700 Oliver St. NO F 3 NAME OF Dan Middle 4. DATE Month completely DECEASED (Type or pnnt) Robert Broadwater DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** remave lost birthdoy) Months Doys and in any Male WIDOWED DIVORCED White Feb. 16, 1916 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT by the attending physician or ransit permit. Then please crematian, ar remayal, and in distinctive the chief of the ch INDUSTRY **COUNTRY?** Bldg. Superintendant Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert S. Edden Hildegarde Merkle 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Medical Records & Pre-admission chart signed by the atter burial-transit perm burial, crematian, o CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a), DUE TO stating the underlying couse far use as the l attending peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? CERTIFICATION this certificate 200 ACCIDENT WAS UNDERLYING [1] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH tached f Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, farm, (County) (Stote) Hour a.m. factory, street, office bldg OR ATTENDING ot wark O FUNERAL DIRECTOR: After ot work 1966, 10 5-19-67 21. I certify that (1) (this haspital) attended the deceased fram 19____, that (I) (we) last be retained and that death occurred of 1:20pm, from causes and on the date stated obove. saw the deceased alive an 5-19-67 __19_ 22o. SIGNATURE 22b. DATE SIGNED STAFF 5-19-67 DIRECTOR PHYS. , page be filed 22d ADDRESS NAME (Type)R. F. Wilkinson, M.D. Queensbury Rd., Riv rdale, Md. director, should 23b DATE THEREOF 5/22/67 23d LOCATION (City or Town)
Colmar Manor 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Md. BuRFMOY/AL (Specify) Ft. Lincoln 24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

1.20

Francis Gasch's Sons Hyattsville, Md.



FOR STAT PEP HEALTH mny delay is necessary, please execute the certificate, writing the word "pending" mornal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Saminer's Office along with farm PM3. Page 5 may be retained for your files 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate shalled be executed within 24 hours after death. If

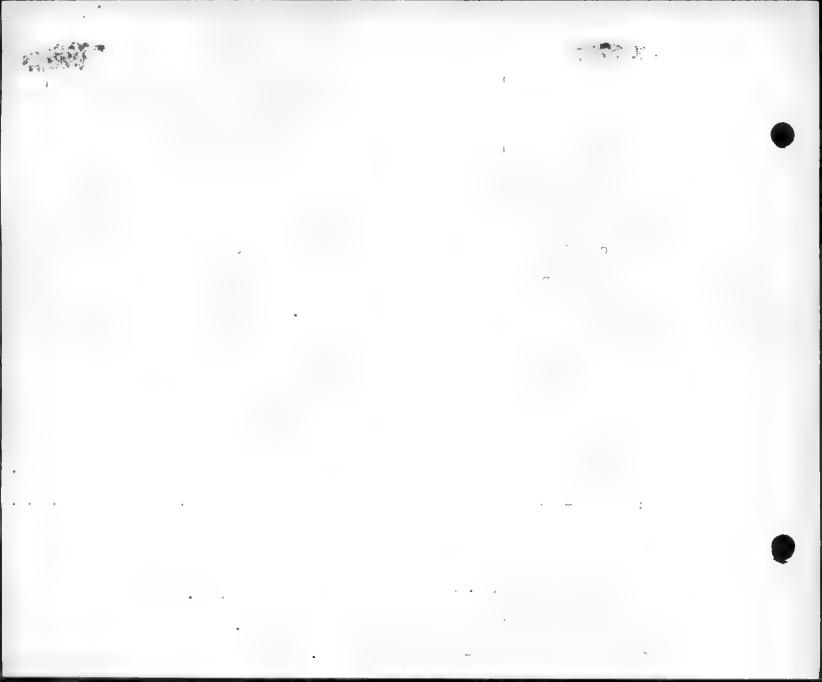
VR A15ME (5)

クプロミナ

	MARYL	AND STATE DEP	ARTMENT OF H	IEALTH	
DIVISION	OF VITAL RECORD	S, 301 W. PREST	ON STREET, BALTI	MORE, MARYLAND	21201
	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

กวักจอ

U.C. U.J.			0.000
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution Reside	
· COUNTY Prince George's	MARYLAND		George's
b CITY OR TOWN (If outside corporate limits, write RURAL and give gearest tawn)	C LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate imits write RURAL and gr	ve neorest town)
Cheverby	DOA	Hillcrest Heights	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito		d STREET ADDRESS	e IS RESIDENCE ON A FARM?
Prince George's Hos		2515 Jameison Street	YES NO 🔀
3 NAME OF Furst DECEASED (Type or print) Frederic		Brooks OF May	Doy Year 14 1967
S SEX 6 COLOR OR RACE 7 MARRIE	D XX NEVER MARR ED	B. DATE OF BRTH 9 AGE (In years if UNDER	R 1 YEAR 1F UNDER 24 HRS
male Negro WIDOWE	D D VORCED	July 25, 1940 26 yrs	
100 USUA, OCCUPATION (Give kind of work done 10b)	KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT
Biologist		North Carolina	USA
13 FATHER S NAME		14 MOTHER'S MAIDEN NAME	
James Brooks		Floaia Walker	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unknawn) (If yes give war or dates of service)		INFORMANT Address	
	Ma	ary E. Brooks-wife 2515	Jameison
1B CAUSE OF DEATH (Enter on y one cause per line PART I DEATH WAS CAUSED BY			ONEL AND DEALS
IMMEDIATE CAUSE (o)	emorrhage and s	shock	Intinaves
DUE TO			minutes
	aceration of ri	ight carotid artery	Illures
stoting the underlying couse DUE TO	'rauma - auto ao	acident	minutes
		THE TERM NA. D SEASE COND TON GIVEN IN PART TO	19 WAS AUTOPSY
CATION			PERFORMED? YES NO ST
200 EXTERNAL CAUSE WAS PR MARY CONTR BUTING		(Enter noture of in ury in Port II or Port II of item 18)	
E CAUSE OF DEATH		nich went out of control and s	
Hour om wh	INJURY OCCURRED 2De PJ	ACE OF IN.URY Home form 2Df (City or lown) (C	ounty) (State)
2:33AM bw 2-TH-O, 1, olm		rd Parkway 100 ft. s. of Catsk	
	, , , ,	eld on Autopsy 🔲, 🛮 Inspection 🔀, 🗷 Inquiry 🔀,	and in my apinion
death resulted fram. Natural causes	🔼, AgCident 🔀, Sui	ıcıde 🔲, Hamıcide 🔲, Undetermined manner 🛭	
ACTUAL	420	CHIEF MEDICAL EXAMINER	00 DATE CHOUSE
SIGNATURE JOEN	er	M D ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED
EXAMINER'S John Kehoe, M.D.).	DEPUTY MEDICAL EXAMINER	5-14-67
230 BURIA CREMATION . 23b DATE THEREOF	23 NAME OF CEMETERY OR	Reference 1 3d IC A ON Try Town	(County) (Stote)
REMOVAL/Specific			(600-117) (31018)
Burial / 5/18/67 - 24 FUNERA. DIRECTOR / W. T. See	WILL DIRESS	morial Ceme. Maryland 250 RELD BY REGISTRAR CSh. REGISTRAR S	
Stewart Tuneral Home-	4001/Benning	Rd., NATAY 17 1967 Jelian	es Judge



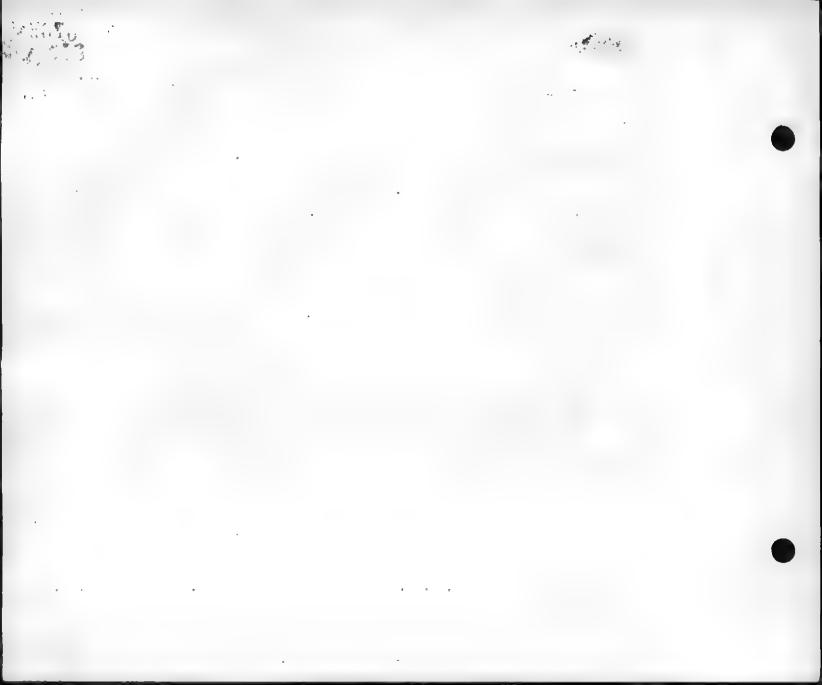
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07052

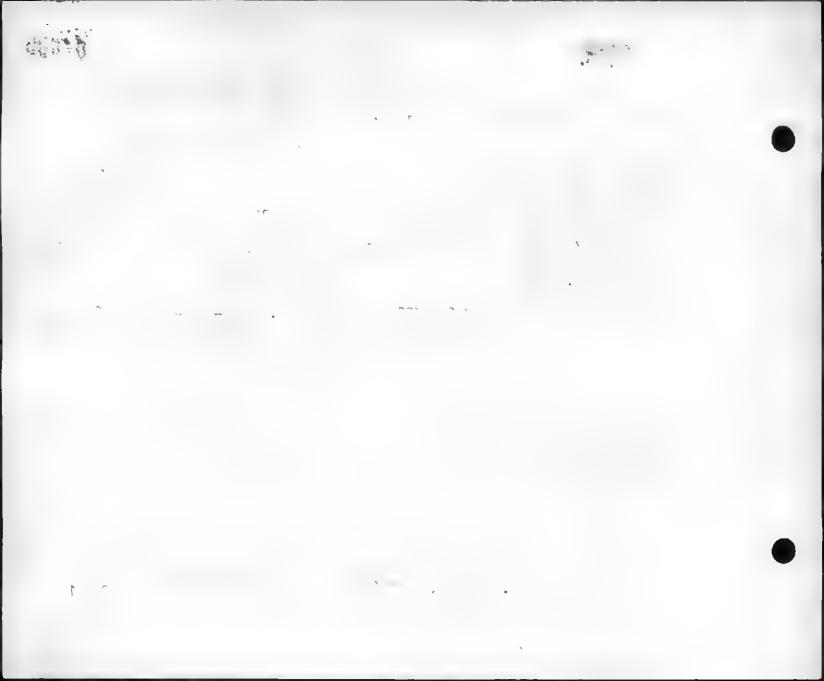
CERTIFICATE OF DEATH

							-	A TO	22
PLACE OF DEATH				2 USUAL RESIDENCE	(Where dec			ball This	13
o. COUNTY Prince	Coomeon		MARYLAND	Maryland		Prince	Georg	PC	
5 CITY OR TOWN	(If outside corporate limits	\$,	C LENGTH OF STAY IN 16	C CITY OR TOWN (IF	outside corp				
	nd give nearest town)						,	,	
Cheverl	TAL OR INSTITUTION (If no	et en hornital e	50 days	d STREET ADDRESS			101	e S RES	IDENCE
U MARK OF ROOF	INE OK INCHIONOM (II III)	л вт позрпог, џ	line attent monters)					ONA	FARM?
	Georges Gen			303 Hill					WO
3 NAME OF DECEASED	Fir	rst	Middle	Lost	4. DAT	E Mon	th	Doy Y	901
(Type or print)		Albert	R.	Brown	DEA	4.4			67
2 ZEX	6 (OLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months Months	YEAR TIF UNDE	ER 24 HRS
Male	White	WIDOWED	DIVORCED	5/23/76		90 yrs	MOITINS	Doys	MIN.
100 USUAL OCCUPATIO	N (G ve kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (Count	ly & Stole, or	foreign country)		ZEN OF WHAT	
during most of working Farmer			DUSTRY arming	Marvlar	d		COU	NTRY?	
13. FATHER 5 NAME		P.6	a Print File	14. MOTHER'S MAIDEN			11.	D. M.	
	3 10								
	rd Brown	137	SOCIAL SECURITY NO 17		<u>-n</u>	Addr			
	(If yes give wor or dotes o							11 -	
No				va M. Brov	<u>m−wi</u>	fe Sar	ne as	#2	
	EATH (Enter only one cou	rse per line for	(o), (b), and (c))	. 1	. 0	4 7	<i>-</i> 1	INTERVAL BE	
PAKI I DEA	ATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	when V	neula	1 a	undens	1	ONSET AND	
4.04 OK						,			
Conditions, if on		(b) a	turned	urlic	Cn	ullo .			
rise to immedio		TO	. /	0	^				
kast	silying coose	(c)	Vaau	ulan X	lra	www		104	-
PART II OTHER S	GON'FICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	OND T ON G	VEN IN PART 1(o)		19 WAS AUT	
200 ACCIDENT WA								PERFOR!	NO 3
S 20° VCIDENTAN	AS UNDERLYING 🗀	201- 05	SCRIBE HOW INJURY OCCURRE) /Enter notice of incine	n Dart I ar i	Part It of store 19.1		10 13	3,30
OR CONTRIBUTING	G ☐ CAUSE OF DEATH	200 DE	SURFEE HOW INJURY OUTURKE	y fettigi no ana o i ingisy n	n roll lor	ron ii di iiem ia j			
	Y MEDICAL EXAMINER)				- 1 -				450 - 1
20c TiME OF INJ	JURY Month, Doy, Year	20d III		LACE OF INJURY (Home, fo octory, street, office bldg., et		(City or town)	(Coun	ity)	(Stote)
P	.m. 19	ot worl		octory, sirver, orrice blogs, or					
21. I cert	ify that (I) (this bas	pital) offend	ded the deceosed from_	hor 6.	1952	to May 2	, 19_6	7, that (1)	(week las
	leceosed alive on	May	21967_, and th	at death accurred a	111.20	M, from couses	and on the	date state	d obove
220. SIGNATURE		11447	100		MED. AM		22b DAX		
W	Marin	- 1	Dining	MLD ATTENDING MAN	MED. Z	STAFF D] 4	12/6	フ
22c. PHYSICIAN'S	S			22d. ADDRESS					
NAME (Type) William E	Brainin	, M. D.	6124 Cen	tral .	Ave. Capi	tol Hgt	ts.Md.	
230 BURIAL, CREMATI	ION. 23b DATE THE	FREDE	23c NAME OF CEMETERY O			LOCATION (City or To			(State)
REMOVAL (Specify	v)					, ,) [contrib) ((3.0.6)
Burial 24. FUNERAL DIRECTO	" 5-5-6	1	Cedar Hill		C'D BY REGI	itland.	Md Egistrár's Sig	SMATLIDE	
						11.0	liarle	- Confide	-
Too Fin	aral Home	300 /	th St N D	TIO ON TOPAMA	IT 5	1967	- J. C.	1 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 fands should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ony elementary thin 72 hours after december. director, page 3 should be detoched for use as the burial-transit permit. Then please removed should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) GEORGES COUNT MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) law requires that the deoth certificate be executed within 24 hours SUITLAND 1 day d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4824 EASTERN LANE HOSPITAL ANDREWS NO A completely f NAME OF Middle DATE lost Month DECEASED NORMAN. event, (Type or print) DEATH JE UNDER SEX 8 DATE DE BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost buthday) Months Hours 20 Aug 26 Øn.ÿ WIDDWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 1Do USUAL DECUPATION (Give kind of work done TOB KIND OF BUSINESS OR 12 CITIZEN DE WHAT CIVIL SERVICE physician (sen please during most of working life even if retired (RET IRED **COUNTRY?** TIS PINEVILLE, LA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM A. BROWN LONIA HUNNICUT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war ar dates of service) DOROTHY S. BROWN-WIFE-SAME AS #2 PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 3 rise to immediate couse (o), DUE TO stating the underlying cause 105 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? Nine 20o. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stofe) 2D: TIME OF INJURY Month, Doy, Year Hour 'o m. factory, street, office bldg_etc.) Not While at work 19 (7, to 28 mm, 1967 that (1) (we) last 2). I certify that (I) (this haspital) attended the deceased from 2.7 man 19 6 7, and that death accurred at 2005 fM, from causes and an the date stated above. DIRECTOR: saw the deceased alive an 28 22b DATE SIGNED 220. SIGNATURE MED. DIRECTOR **ATTENDING** M.D director, poge should be filed 22d ADDRESS USAN HOSPITAT, ANDREWS PHYS CLAN'S TO FUNERAL NAME (Type) RICHARD J. WISELE ANDREWS AFB. WASHINGTON DC 20331 NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION 23d. LOCATION (Erry or Town) (County) Burial (Specify) June Alexandria Louisianna Alexandria, Louisianna 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROBert E. Wilhelm Funeral 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 4308 Suitland Road, Suitland, maryland

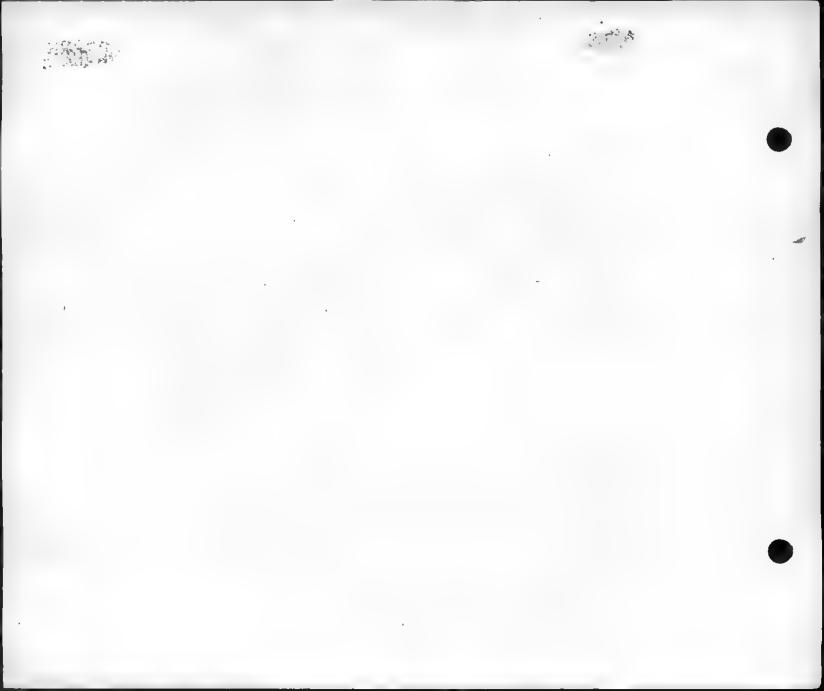


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	-	er u	ш.		^	-	
	- 1	ים בר	7.		ъ.	Tac.	
	- 6	6 /	4-1	ŒI.	л.	18	
-	= 1	#3	=		W-		÷

_		5	÷
0	0	D.	at
4	9	Б	용
4	3	_	er
=	0	ers. Pages	1
100	丰	g	5
5	þ	<u>a</u>	5
Po	=	N.	Ě
4		Je C	72
2	9	Ö	.⊆
達	=		=======================================
₹	~	Ö	3
-	e+	5	4
ě	10	I	Vei
3	5	ă	9
×	-0	Ę,	\$
9	Ĕ	16	5
٥	_	83	=
<u>e</u>	-8	00	ä
.0	-55	풉	
E	É	=	Z
ē		1	n 0
<u>_</u>	.5		ē
00	2	=	6
Ö	Ħ	E	Ć,
92	0	ď	Ğ
+-	#	burial-transit permit. Then please remove-carbon papers.	10
, d	>-	Ë	e II
± .5	-0	÷	2
res	ě	ė	0
2 ¢	ď	5	5
J L	1/1	-	2
≥ . ⊑	ë	je.	7
D D	þ	V	ō
e ‡	SO	0	ā,
= 0		Se	#
- ō	ate	_	60
≝ੁੁ	÷	₽	Œ
3	Ξ	P	Б
Ξğ	8	Ē	ti.
a	- 5	무	Ö
ഗ ≑	dr. b	ŏ	9
<u>~</u> ?	te.	g e	510
9-9	<<	Ъ	a
E E	8	3	#
100	Ξ	Ę	두
e =	Ä	82	₹
0.5	H	0)	iled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any-eveni
7 >	1	60	歪
	Z	lirectar, page 3 should be detached far use as the bu	pe
SA	Ш	0	0
0 9	5	e C	35
200	14-	di	sh
10 HOSPITAL OF ATTENDING PHYTICIAN: The law requires that the death certificate by executed within 24 hours officers. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	-	6
V	ra s	5 14	n V
2	5M 1	1/67	7

П	38003			CERTII	FICALE	OF DEATH				670	35
F	PLACE OF DEATH					2 USUAL RESIDENCE	CE (Where deceas	ed lived, if institut	on: Residence	befare odm	ission)
		rince Geor		MAR	RYLAND	o. STATE Mai	ryland	ed lived, if institut b (OU	Princ	e Ge	orge
	b CITY OR TOWN (If	autside carparate limit: give nearest tawn)	5,	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	f auts de carpara	te limits, write RU	RAL and give in	earest tawr	1)
	Cheverl			5 Da	ays	Unive	rsity, E	Park	/	6.7	
Г	d NAME OF HOSPITA	L OR INSTITUTION (If no	it in hospit a l, g	ve street address)	-	d. STREET ADDRESS					ESIDENCE A FARM?
L	Prince Ge	orgis Gen	eral He	ospital		4002	Beachw	ood Roa	ıd		NO [X]
	NAME OF DECEASED	Fire	rst	Middle	D	Lost	4 DATE	Man	th	Doy	Year
ľ	(Type or print)	Sarah		Betty		own	OF DEATH	5			19 67
) s	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED []	B DATE OF BIRTH		AGE (n years	IF JNDER 1 YI	ear IF UN	DER 24 HRS.
1	Female	White	WIDOWED		ED 🔲	Sept. 24	,1877	lost b rthday) 89 yrs			
1	Oo JSUAL OCCUPATION : Juring most of working li	(Give kind af work dane	IMI	NO OF BUSINESS OR		11 BIRTHPEACE (Cou			COLIN	EN OF WHA TRY?	Į.
L	Housew	ife		wn Home				ew York			
	13. FATHER'S NAME	rr				14. MOTHER'S MAID					
L		Hinricks					Stanle	-			
ı	S. WAS DECEASED EVER	: IN U.S. ARMED FORCES? If yes give war at dates a	f service) 16. S	OCIAL SECURITY NO.		NFORMANT	oth TTom	Addr		#2 fa	
L	по		· 1		IVIT	s. Elizab	em nen	ison Sai	ne as		
		ATH (Enter anly one cau I WAS CAUSED BY:	MESCATE		A.	T	molore	~		INTERVA.	
	4500	IMMEDIATE CAUSE DUE	1	1 VUICE		100				->0	
	Conditions, if ony,		(b)	Meney	Jun.	el moles	rodus	and.		MA	And.
П	rise ta immediate	cause (a), (1. 1	-14	7	4.0-76			1	
L	stoting the underl	Ying couse	(c)								
1.	PART IS OTHER SIG	NIFICANT CONDITIONS C		O DEATH BUT NOT RE	ELATED TO 1	THE TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(g)		19 WAS /	AUTOPSY
CENTRACATION		**								YES	NO 3
100	20a ACCIDENT WAS		20b DES	CRIBE HOW INJURY	OCCURRED	(Enter nature of injury	ın Part I ar Part	II af item 18)		1	
NEDSCA1	20t TIME OF INJUI	RY Month, Day, Year		JURY OCCURRED		E OF INJURY (Hame,		(City ar tawn)	(Caunt	γ)	(State)
1	₹ num v.m	10	While of work	Not While at wark	Faci	ary, street, affice bldg.,	erc.)				
		that (1) (this has	pital) attend	ed the deceased	fram		, 1965, to	5-	L5, 196	7that (I) (we) las
ı		eased alive an_	3-2	2 1967,	and that	death accurred	at 9:30 PM	, fram causes			ted abave
	22a. SIGNATJRE	Smild C	. Edy	~	3.M	ATTENDING PHYS	MED. DIRECTOR	STAFF C	22b. DATE	SIGNED -	,7
	22c. PHYSICIAN'S NAME (Type)	DONALD	C. E	OGNEN	/	22d. ADDRESS,	yatten	thin	id.		
	C PENCYAL SERVEN			Ft. L				CATION (City or To		ounty)	(Stote) Md.
L			701	J	THEOL						IVIU.
	24. FUNERAL DIRECTOR		ma TT	ADDRESS	7.6.2	250	REC'D BY REGISTR		eg strar's sign		
1	T Tancis	Gasch's Sc	ша пу	alls ville,	TAT CI*	(JB496) ²⁻¹	11 0 1	967 20	Larelan	Vieda	



MARYLAND STATE DEPARTMENT OF HEALTH

2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)

Maryland

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

MARYLAND

07055 PLACE OF DEATH a. COUNTY hours within 72 3 NAME OF S. SEX or removal

Prince Georges

b county Prince Georges c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If gutside carporate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town) 14 hrs Bowie Cheverly e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Chelmont Lane Cherente Prince Georges General Hospital 4012 YES NO 3 Middle 4 DATE DECEASED (Type or pnnt) 19 67 Buch DEATH May IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 8 DAJE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 17 Aug., 1888 White 10a LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

Housewife COUNTRY? Lancaster Co., Penna.

14. MOTHER'S MAIDEN NAME 13 FATHER S NAME William Fenninger Amanda Krider IS WAS DECEASED EVER IN U.S. ARMED FORCES? Addresh012 Chelmont Ln 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) 173-03-1543D Mrs. William H. Clifford Bowie. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND 19 WAS AUTOPS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I, of item 18.) OR CONTRIBLTING CALSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) at work 21. I certify that (I) (this shospitat) attended the deceased from SEPT , 19 65, to May 10 , 1967, that (I) (two) last 19 67, and that death accurred at 9. 15PM from causes and on the date stated above sow the deceased alive on May 10. 22a SIGNATURE 22b DATE SIGNED DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Norman K. Bohrer, M. D. 3231 Superior Lane, Bowie, Maryland 23 JNAMENT TEMPTER OR CREMATORY SONS Co 23d LOCATION H 1 Town) D C (COUNTY) 23a BUR AL, CREMAT ON 23b DATE THEREOF REMOVAL (Specify) Harrisburg Danphin / Penna East Harrisbore Cremation 24. FUNERAL DIRECTOR

O FUNERAL DIRECTOR: VR A15 (4)

law requires that the death certificate be executed within 24 hav

ar attending

remove

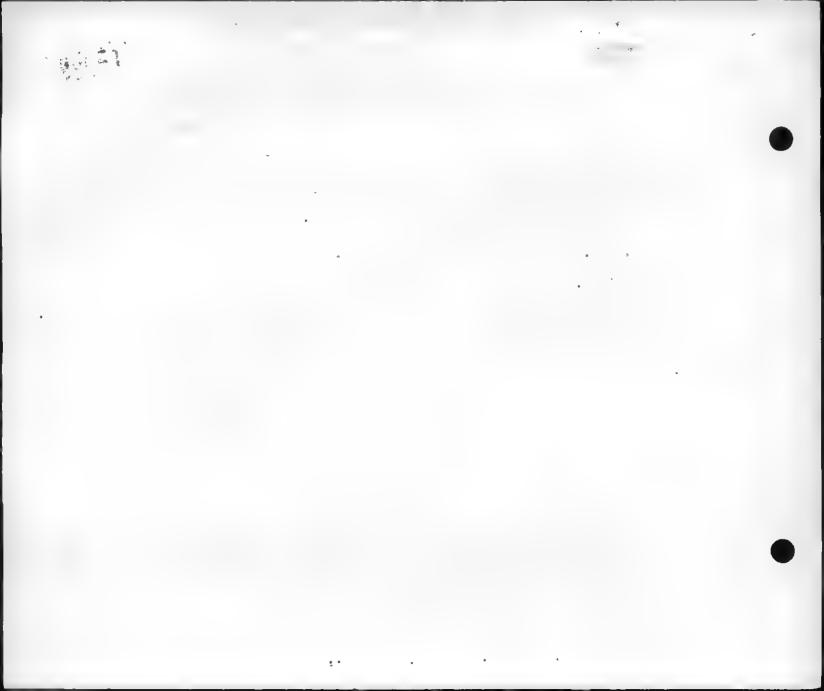
· 原质。 Noin

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

	07056	CERTIFICATE	OF DEATH	.0	7037				
1.	PLACE OF DEATH o. COUNTY Prince George s		o. STATE Maryla	e deceased lived, if institution: Re and b. COUNTY p	r. Geo s				
L	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton	c LENGTH OF STAY IN 16 7 days	Clinton ,	Karyland	12.1				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Southern Marylanded		d. STREET ADDRESS	endywine Road	ON A FARM? YES XX NO				
3	NAME OF PICEASED (Type or print) MICHAEL	Middle St. BL		DATE Month OF DEATH TRANS	Doy Year 26 1967				
5	SEX 6. COLOR OR RACE 7 N	MARRIED NEVER MARRIED 8	Oct. 19-1907		NDER 1 YEAR IF UNDER 24 HRS				
100 du	D USUA, OCCUPATION (Give kind of work done ring most of working life, even if retired) US Gov	10b. KIND OF BUSINESS OR INDUSTRY Agricultural Dept.	11. BIRTHPLACE (County & Sto Maryland		2 CTIZEN OF WHAT COUNTRY?				
13	Philip A. Buckler		Delphine Ma						
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of servi	ice)	NFORMANT Velyn B. Buckl	Address	ume as #2.				
	18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)	ARRE	58	INTERVAL BETWEEN ONSEL AND DEATH				
	Conditions, if any, which gave nse to immediate cause (a). DUE TO CEREBROVAS COLAR ACCIDENT DUE TO								
	lost (c)	HYPERTENSIVE			IOYRS				
WOILE.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	he ter au nat i nsease co yad iri	on chencil and 1832—	PERFORMED? YES NO				
CERTIFICIATION	200 ACCIDENT WAS UNDERLYING II OR CONTRIBUTING BY CAUSE OF DEATH (IF EITHER, NOTIFY MEDICALEXAMINER)	20b DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part	ar Port II of item 18)					
MEDICAL	20c FIME OF HOUSE Manth, Doy, Year 19	20d HUHRY OCCURRED 20e PLACE of While at work 2 dit work 2	E OF INJURY (Home, form,	20f (City or town)	(County) (State)				
		attended the deceased fram	May 19, 196 death occurred at 8	M, from causes and c					
	220. SIGNATURE SE	wer Jr. MC			5. DATE SIGNED 2/26/67				
	22c PHYSICIAN'S ARTHUK	SHAVER TR.		HEH AVE - C.					
	Buriel Pay 29th		Cemetery	23d LOCATION (City or Town) Clinton, pary	land				
2	Simulons Bros. 1661-Gd.	ADDRESS Hope RD. SE Wash	DC DAMAY 3	REGISTRAR 2Sb REGISTRA	r's signature				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter death. Page 4 may be retained by the hospitof or attending physician. VR A15 (4) 25M 1/67

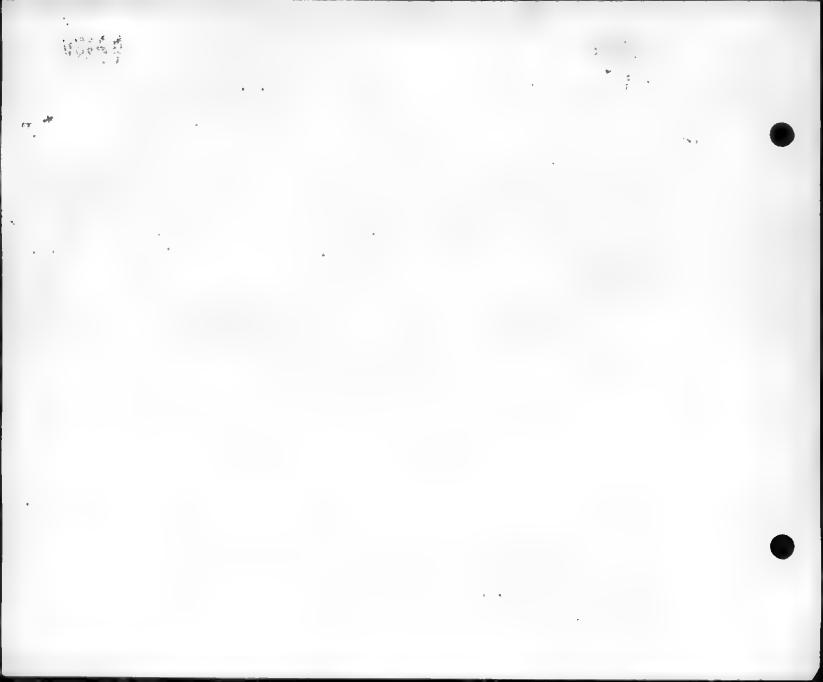
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter



MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION O	F VITAL R	ECORDS, 301 W. PRESTO	ON STREET, BALTIMO	ORE, MARYL	AND 21201		
	97057		MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH		.07	กลล
1	PLACE OF DEATH O COUNTY Prince	George's		MARYLAND	2 USUAL RESIDENCE (* o STATE D.C		lived, if institute b. COUNT		before admission)
	b. CITY OR TOWN (I	f outside corporate limits, give nearest town)		c. LENGTH OF STAY IN 16	C CITY OR TOWN (If or	stside corporote	limits, write RUR	AL ond give i	neorest town)
L	Cheverl	<u>y</u>		DOA	Washingt	on D.C	•		47.3
		AL DR INSTITUTION (IF not			d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
		George's Ge				ryland			YES NO X
3	NAME OF DECEASED (Type or punt)	First Edwar		Middle	Burch	4. DATE OF DEATH	Month 5		Doy Year 27 19 67
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 1	AGE (In years	Months 1	
	male	Negro	WIDOWED	DIVORCED	12-25-08		last birthdoy) 58 yrs		DOYS HOURS WIN
	o USUA, DCCUPATION ring most of working I Shear O		Pab	ND DF BUSINESS DR DUSTRY Steel ricated Cor	Marion	County	on,S.C. r,S.C	12 CITIZ COUN	TEN OF WHAT NTRY? U.S.
13	FATHER'S NAME				14 MOTHER 5 MAIDEN				
L		e Burch			Etta Da	Vis	(Burc		
		RINUS ARMED FORCES?			INFORMANT		Addres	2	
\vdash				49-42-0220 N	arie Leon	ard_Bu	ırch		Machine Deplete
	PART DEAT	ATH (Enter only one couse H WAS CAUSED BY							NTERVAL BETWEEN ONSET AND DEATH
	115	IMMEDIATE CAUSE (d		eration of bra	in the last of the				
	Conditions, if any,	which gove) (H		uma - auto aco	cident				
	rise to immediate stating the under	e couse (o), (
	lost.) (()						
MEDICAL CERTIFICATION	PART II OTHER SIC	SNIFICANT CONDITIONS CO.	NTR BUT NG 1	O DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CO.	NDITION GIVEN	IN PART 1(a)		19 WAS AUTOPSY PERFORMED? YES NO X
MERC	200 EXTERNAL CAL		20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II	of item 18)		
100	CAUSE OF DEATH.			iver of car in					
EDIC	Hour o m	RY Month, Day, Year	ula la	16 - 10 1 25	CE OF INJURY (Home, form		City or town)	(Coun	
25	3:15am pm		7 of worl		pry street office bldg etc.				
			andre.	noins described obove, he	The second	nspection		ry [X]	ond in my opinion
	deoth result	ed from: Noturel	couses _	Accordent X Suid			etermined ma	inner 🔝	
	ACTUAL	deta	-	14 a han	M.D. ASSISTANT MED	DICAL EXAM NER			22 DATE SIGNED
	SIGNATURE EXAMINER'S	191111	+-/	The state of the s	E-MID	AL EXAMINER			5-27-67
	NAME (Type) Jo	hn/Kehoe M.	D., R.	iverdale, Mary	land Address (Stree	t, city, town, or	county)		
23	BURT	23b PATE THER	4 467	Church	CREMATORY	Mary LOCA	TION (City or Tow	3, C.	County) (State)
2	4 FUNERAL DIRECTOR	notional	- , , .	ADDRESS Ways	D.C. 250 REC	D BY REGISTRAR	1067 REG	ISTRAR'S SIG	MATURE Quidate
	E.T. 11	"urray	1-1-L	x-Hot ME	20.002 DATE .	- T	1301	7	0 0
		7							

VR A15ME (5) 6M 1/67



0	7	0	5	8
---	---	---	---	---

CERTIFICATE OF DEATH

07039

_ 82			0.000	
ू व व व		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
i and 2		aCOUNTY	RYLAND Maryland Prince Georges	
after and a		A COLOR OF THE COL		
ge et		b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STA'	(IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	
filled in by the firm papers Pages		write RURAL and give nearest tawn) Cheverly D. O.	A. Hyattsville ; "	
E 2 E	1)	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	I d STREET ADDRESS e IS RES DEN	ICE
be ed.	: //	n.: Carray Carray Myywyd II.	ON A FARM	0 1
1 1 1 1 1	C.	Prince Georges General MXXXXXX Ho. 3 NAME OF First Middle	Lost 4 DATE Month Boy Year	1/24
with f	2	DECEACED	Or .	
908	1	(Type or print) Benjamin Smith		7
	P3	S SEX 6. COLOR OR RACE 7 MARRIED 🔀 NEVER MARR	IED 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24	4 HRS Min.
P S S	by	Male white WIDOWED DIVOR	ED Mar 2, 1895 lost birthday) Months Days Haurs	BAIII.
physician ond completely from please remove capan ovol, and in observer, with	1.4	10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 C17 ZEN OF WHAT	
cian (cian ond in	11.0	during most of working life, even if refired) INDUSTRY	COUNTRY?	
icia on	11/2	Ketired (lerk <u>yroceru</u>		
Syl o	St	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Ing phy Then removo	~ V	Silas Carrico	Dora Shaver	
in the	1.1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
the attending print the motion, or remo	1	(Yes, no., or unknown) (If yes, give war ar dates of service) 577-10-9269	Mary E. Carrico Hyattsville, Maryland	
y the ath	O	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	I INTERVAL BETWE	FEM
e t	6	PART 1 DEATH WAS CAUSED BY	Carrane w Chellelle ONSET AND DEA	
an. by ron: crem	M	IMMEDIATE CAUSE (a)	Cally the sound of the the the telephole to the telephole to	
sician. led by the ol-tronsit ol, cremot	11	H201 DUE TO	0. 1 0. 9 Ve.	21.
physicic signed bur ol-t		Canditions, if any, which gave its talm mediate couse (a),	in altery received 1 /20	· Co
	1	stating the underlying couse DUE TO	Livery Dicease 9 Year	m 1
ding een the	52	last. (c) Legher	lincian	ere.
2.5 ₽ 5.5	. 7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS	
r offe e has use o		CATION	PERFORMED YES NO	74
ol or kote for u Heal	1	200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.)	
들은을 걸음	4	206. ACCIDENT WAS UNDERLYING COR CONTRESIDENT WAS UNDERLYING COR CONTRESIDENT MEDICAL FRAMINER OF ENTHER NOTIFE MEDICAL FRAMINER CONTROL OF THE NOTIFE MEDICAL FRA	OCCORRED. (Either Holder of Injury in Fair For Fair II of Heart To)	
osp cert hed t. o	3			
this c	6	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED White Not White	20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta	ıte)
# D 0	11/2	Hour a m. p.m. 19 While I at Work at work	factory, street, affice bldg , etc)	
be for	1/1/2		d fram Nav. , 1955, to May 27, 1967, that (1) (w	ak last
P A P e	111	saw the deceased glive an men 18 1967	, and that death accurred atM, fram causes and an the date stated a	ahave
CTOR:	/]	220 SIGNATURE	22b. DATE SIGNED	200101
. E III S	7		ATTENDING MED STAFF	
ed R ed		22c PHYSICIAN'S	M.D. PHYS DIRECTOR PHYS 1967	-
RAL DIR	1	NAME (Type) Lawrence 9. Thomas	1712 9. St., N. W., Washington, D. C.	
Poge 4 m O FUNER director, should b	/			
Poge 4 of Function should		230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CE	METERY OR CREMATORY 23d LOCATION (City or Town) (County) (State	0)
S S = 2			Cemetery Manassas, Virginia	
_		24 FUNERAL DIRECTOR . CLARE E. BLAGE ADDRESS	250. BELLARY AEGISTRAR 967 25b. REGISTRAR S. HENATURE ANGLE	př
VR A15 (4) 20 M 1/66			gia Avenue DATE 196	
		WALL TO BE A THOUGHT OF THE STATE OF THE STA		

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07059 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Prince George Maryland Prince George MARYLAND b CITY OR TOWN (If autside corporate limits, CITY OR TOWN) c. C.TY OR TOWN (If guitside corporate amits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 College Park d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 9607 48th Place Greenbelt Convalescent Center YES NO STOCK 3 NAME OF DECEASED (Type or print) Middle Lost 4 DATE Month ESTELLE E. CARROLL DEATH Mav S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF LINDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Days Hours Female 13, 1897 White WIDOWFD DIVORCED Feb 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT duringmost of working the even if retired) Own Home DCOUNTRY? Washington D C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Baker Charles Ingledue Mabel. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dates of service) Herbert A. 'Carroll Same as #2 (husband INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO Z 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. />", 1967, that (1) (we) last Z_ta. , and that death accurred at 1/43 M, fram couses and an the date stated above. saw the deceased alive an Trilly 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR . M.D. PHYS. 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY-23b DATE THEREOF (County) (State) REMOYAL Especty) Ft Lincoln Cemetery lav18, 1967 Colmar Manor Pro Geo Hyattsville, Md. 24. FUNERAL DIRECTOR
F. Gasch's Sons 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the desth certificate se executed within 24 hours after seath

remove carbon papers Pagin only event, within 72 hours

buriol-transit

Page 4 may be retained by the haspital or attending physician.

O HOSPITAL OR ATTENDING

this certificote

O FUNERAL DIRECTOR: After

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

necessory, please execute the certificate, writing the word "pending" in fem, in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Companies Office along with form PM3. Page y delay is

Ē

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

07041

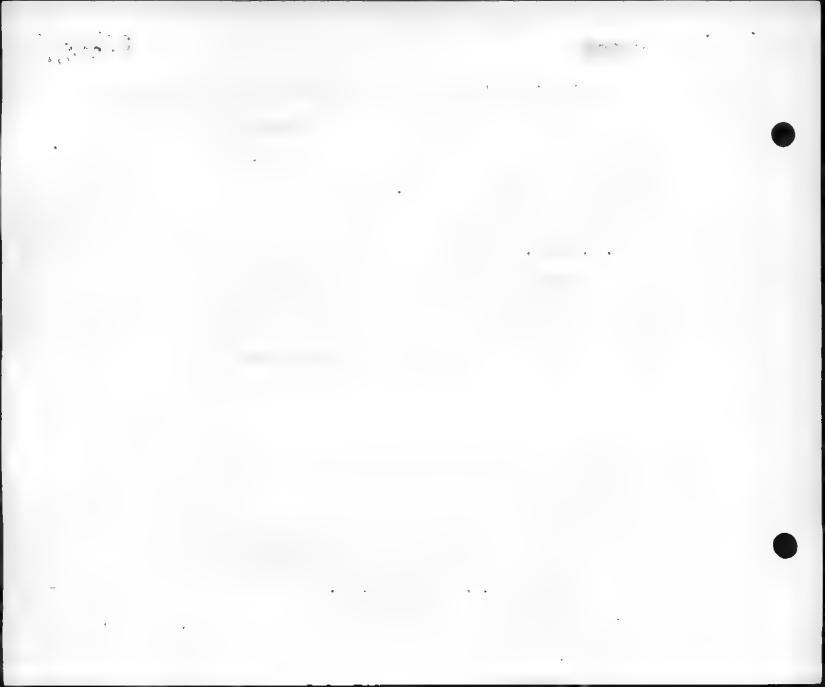
	04000	INLU	ICAL LAAMINER 3	CERTIFICATE O	DEATH	00022				
	PLACE OF DEATH				Where deceased lived if institution b. COUNT					
		rince George's	MARY_AND	o STATE Maruland		George's				
	b. CITY OR TOWN (I	f outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside carporote limits, write RURA	L and give nearest town)				
	write RURAL and Cheve:	give necrest town)	DOA	Hillcrest		•				
		CLV AL OR INSTITUTION (If not in haspital, a		d STREET ADDRESS	HETRIIPR	e IS RESIDENCE				
			,		70.7	ON A FARM?				
	Prince Go	eorge General Hos	pital Middle	5908 23rd		YES . NO X				
	DECEASED	First		Lost	OF					
5.	(Type or print)	Lee 6 COLOR OR RACE 7 MARRIED	G.	Cary B DATE OF BIRTH	9 AGE (In years	15 19 67				
2.	J. ()	ATTO CHANGE			lost birthday)	Months Days Hours Min				
10	male	white WIDOWED	DIVORCED 2	21012 031 117		1 12 C TIZEN OF 2 UST				
	na most of work na	te, even if retired) IN	ND OF BUSINESS OR DUSTRY	II BIRTHPLACE (State	,,	12 C TIZEN OF WHAT COUNTRY?				
	U. S	. Gov t.			ntucky	3 14				
13.	FATHER'S NAME	* **		14. MOTHER'S MAIDEN I	NAME					
_		Leslie Cary		Lula ?						
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16 [(If yes give wor or dates of service)]		NFORMANT	, Address					
1	-, -, -, -, -, -, -, -, -, -, -, -, -, -	1 3	Edi	na M. Ciry	(Wife) Same as	s Item #2				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN									
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure ONSET AND DEATH THE TRUE TO THE TRUE TRUE TO THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU									
	4300 DUE TO Arteriosclerotic heart disease over 20 yrs									
	Conditions, if any, which gove) (b)									
	nse to immediate cause (a), stating the underlying cause DUE TO									
	last (c)									
22	PART I OTHER SIG	GN F CANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO T	HE TERM NAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
ATIO						YES NO X				
CERTIFICATION	2Do EXTERNAL CA		SCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I or Part II of Item 18)					
	PRIMARY Or CON CAUSE OF DEATH	ALKIROLING []								
MEDICAL	20c TIME OF INJU			E OF INJURY (Home, form		(County) (State)				
ME!	Hour o.m	10 271000		ory, street, office bldg , etc.)						
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection \(\frac{1}{12} \), and in my opinion									
	deoth resulted from: Noturol squees (A) Accident (), Suicide (), Homicide (), Undetermined manner ()									
	200111 103011	// ///	J	CHIEF MEDICAL						
	ACTUAL	John 1	0/1		ICAL EXAMINER	22. DATE SIGNED				
	SIGNATURE	16 4	VVV	DEPLITY MED CA	AL EXAMINER [X]					
	EXAMINER'S NAME (Type)	John Kehoe, M.D.	Riverdale, Md		city, town or county)	5-15-67				
230	BUR AL CREMATIO		23c NAME OF CEMETERY OR	REMATORY	23d LOCATION City C Town	n (State)				
	REMOVAL (Specify)	May 19-1967	Rest Haven	Cemetery	Louiswille,	Kentucky				
2/	JONERAL DIRECTO	1 / 1 / 2 / 1	ADDRESS	2So. REC I	BY REGISTRAR ZSb REG	ISTRAR S SIGNATURE				
S. S.	A Secondary of the secondary	ros. 1661-Good Ho	ne Bd SE Work	8.6.832	16 1967	wills judge				
1	Tim Oiro	TOB. TIONTEROOM IN	Le va or instit							

VR A15ME (5) 6M 1/67

5 may be retained for your files.

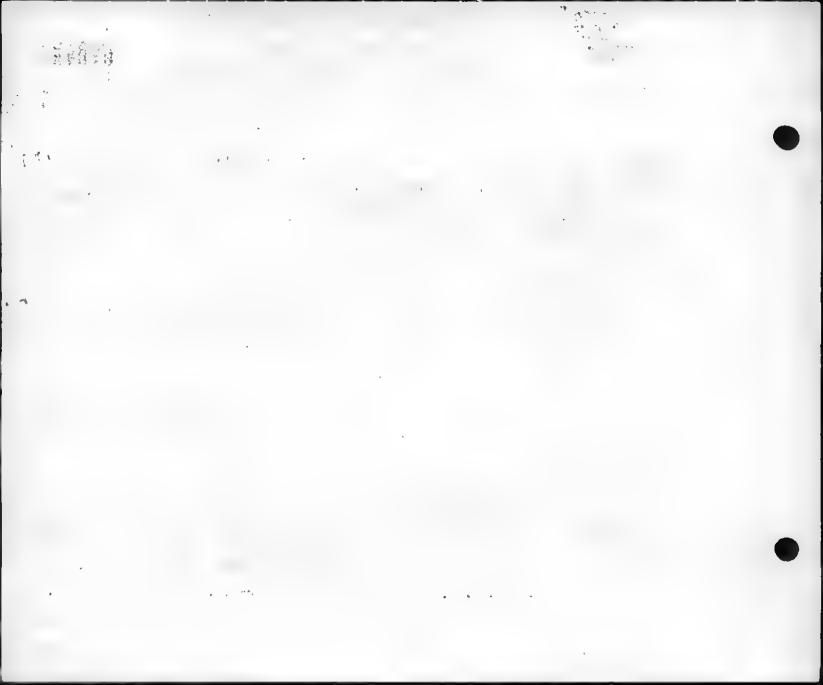
Health prior to burial, cremation, or removal, and in ony event within 72 hours ofter deoth

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		07061			CERTII	FICATE	OF DEATH				1704	2
uneral land		PLACE OF DEATH o. COUNTY	45 A D	AMA ING	2 USUAL RESIDENCE o. STATE	(Where deceased	J (O)	YTNL		ssion)		
by the fun. Pages 1.		Prince George b. CITY OR TOWN (if outside			E LENGTH OF STAY	RYLAND IN 16	Maryland	nutside corporate		ce Geor		1 -
rs a		write RURAL and give nearest town)							711113, 11119 K	JAME BITO GIVE I	,	,
by by	No. or other Designation of the last of th	Cheverly	VC 7171271004 (1/		31 hour	s	Seat Ple	as an t		7.5	1000	S DENCE
4 ho	1	d name of hospital or i	אטווטייוינא (וו מסד	in nospirol, gr	ve street oddress)							ES DENCE A FARM?
in 24 haurs a illed in by th papers. Pag Min 72 haurs o		Prince Georg	<u>es Gener</u>	al Hos			6309 Foo				YES	NO 🔀
ecuted within 24 completely filled give corpon page y event, within 7	3	NAME OF DECEASED	Frs	1	Middle		Lost	4 DATE OF	Mor	nth	Doy	Year
d w drb arb		(Type or print)		abv	Christin		audill	DEATH	Ma		1	967
inted implet ve car event	5	SEX 6 COI	OR OR RACE	7 MARRIED [NEVER MARRIE	ED B.	DATE OF BIRTH		AGE (n years lost birthday)	Months D	Oys Hour	DER 24 HRS
s executed and camplet remave car rany event,		Female wh	ite	WIDOWED	DIVORCE	ED []	May 4, 19		Ŷŧz		+	
icate be exer	10c	USUA, OCCUPATION (Give king most of working life, ever	ind of work done		D OF BUSINESS OR USTRY		11. BIRTHPLACE (Count Md Pro	y & Stote or fore Geo Co		U SUN	EN OF WHAT ITRY? A	
red Pleas	13.	FATHER S NAME					14 MOTHER'S MAIDEN					
ave ave		Russell Caudill					Pa	itrice i	Hawes			
ie death certificate b attending physician pmrnit. Then please ian, or remaval, and	15 (Y-	WAS DECEASED EVER IN U.S. es no, or unknown) (If yes g	ARMED FORCES? ive wor or dates of		OCIAL SECURITY NO		INFORMANT Address ussell Caudill Seat Pleasant, Md.					٠
		18. CAUSE OF DEATH (FO	CAUSED BY: NMEDIATE CAUSE (d)	o), (b), and (c),)	en de	combra	ne de	Dea	re	INTERVAL I ONSET ANI	
physician. physician. signed by the burial-transit burial, cremat		Conditions, if ony, which rise to immediate couse	(0)	0)(0)	en	lui	X3				3/h	No
- 9' = 0 2		stating the underlying clost.	ouse DUE I	c)								
the law or attendir to has been use as the alth priart	TION	PART II. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RE	ELATED TO TH	IE TERMINAL DISEASE (ONDITION GIVEN	IN PART I(o)		19 WAS A PERFO YES	IUTOPSY IRMED? NO
ficat for fire far far	CERTIFICATION	20a ACC DENT WAS UNDER OR CONTRIBUTING □ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b DES	CRIBE HOW INJURY (OCCURR ED . (E	inter noture of injury is	Port For Port	! of item 18)			
IG PHYSIC the haspi r this certi detached te Dept. a	MEDICAL	20c TIME OF INJURY Mo Hour o.m. p.m.	19	While of work	Not While of work	focto	OF INJURY (Home, for ry, street, office bldg., et		(City or town)	(Coun	(Y)	(Stote)
Sta Sta		21. I certify tho	t (I) (this hose	utal) attend	ed the deceosed	d from	dedy 4.	19 6 Z, to	aldy	5 , 19 6	7thot (1)	(we) las
PR: A		saw the decease	d alive on	Lay 5	19.67,	and that	death accurred a	11/30-PM,	from causes	and on the	date sta	ted above
OR ATTENDING be retained by th DIRECTOR: After to ge 3 shauld be died with the State		220. SIGNATURE	MA	UM	1 1	OS M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	22b. DAT	E SIGNED	067
L OR r be r DIRE		22c. PHYSICIAN'S	14/100	1/1/1/		1.0.	22d. ADDRESS	DIRECTOR L	- 111125	- Udy	J. 1.	707
PITAL OI may be ERAL DIR rr, page	/	accase (w. b.	los Jans	a, M.	D.'		7403 Var				s. Md	
TO HOSPITAL OR Page 4 may be in to FUNERAL DIRE director, page 3 shauld be filed w	23	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER		23c NAME OF CEA Ft Line		REMATORY emetery	23d 100 Colma	r Manol	r Pro G	ounty) eo N	(State)
VR A15 (4)	2	FINERAL DIRECTOR	asch's	Sons	ADDRESS Hyattsvi	lle, M	25o. RE	D BY REGISTRA	25b. F	REGISTRAR'S SIG		400



07062

CERTIFICATE OF DEATH

070/2

-										
	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) g_STATE					
:	o COUNTY Prince George	S	MARYLAN	Mary land	Pri	ince Georges				
	b CITY OR TOWN (If autside write RURAL and give ned		t. LENGTH OF STAY IN E	CITY OR TOWN (If o	outside corporate limits, write R	URAL and give nearest town)				
	Cheverly	nesi lowii)	52 days	Landover		, ,				
, _	d NAME OF HOSPITAL OR INS	TITUTION (If not in has	pital, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?				
	Prince George	s General	Hospital	6606 Fair	rwood Road	YES NO K				
	NAME OF DECEASED	First	Middle	Lost	4 DATE Mg	nth Day Year				
<u>_</u>	(Type or print)	Robe	rt J. C	hamberlain	DEATH Ma					
5	SEX 6. COLO	R OR RACE 7 MAR	EX. 1	8 DATE OF BIRTH	9 AGE (In years last birthday)	Months Doys Hours Min				
Inpa.u.	Male Whi			3/13/03	63 yrs.					
10a dur	D USUAL OCCUPATION (Give kin ring grost of working life, even i	d of work done 1 f retired)	OB KIND OF BUSINESS OR INDUSTRY		y & State, at foreign country)	12 CIT ZEN OF WHAT				
	4.5 11LEAS	city 1	U.S. GOUT	Whit.	, - , - ,	654				
13.	FATHER'S NAME	- Ph	1. /	14. MOTHER'S MAIDEN						
16	Soburt	J 6711	MOERLAIN	17. INFORMANT	H CHARL	28/7				
	WAS DECEASED EVER IN J S A es, ng, or linknown) (If yes giv		16 SOCIAL SECURITY NO.	17. INFURMANT	5 /6 - Add	Iress XZAZ				
	NO		5/1-70-58	11 - 2-13/2	L CHAM	bezlain				
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS C	er only one couse per li AUSED BY	ne for (o), (b), and (c).)	L . a	. 0 .	INTERVAL BETWEEN ONSET AND DEATH				
1	260X	MEDIATE CAUSE (o)	Cirtuil	TIN I	and the					
	Conditions of any which nave									
	rise to immediate couse (a),									
	lost. (c) Dealer try									
			TING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	OND TON GIVEN IN PART I(o)	T19 WAS AUTOPSY				
CERTIFICATION						PERFORMED? YES *** NO				
A S	200 ACCIDENT WAS JNDERLY	ING [] 2	Ob DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in	Part I or Part It of item 18.)	10 44 10				
CERT	OR CONTRIBUTING CAUSE	OF DEATH		(**************************************	,					
MEDICAL	20c. TIME OF NIJRY MORT		20d NJURY OCCURRED 20	e PLACE OF INJURY (Home, for	m 20f (City or town)	(County) (State)				
물	Hour 'o m.		While Not While	factory, street, affice bldg., etc	1)	, ,, ,				
	21. I certify that (*) (this haspital) attended the deceased from April 7 1967, to May 28									
	saw the deceased		28 1967 , and	that death occurred a	1 10 AM fram causes	s and on the date stated above				
	220 SIGNATURE	-				22b DATE SIGNED				
		B. Ba1	Mami Mr.	M.D PHYS.	MED. STAFF DIRECTOR PHYS	May 29, 1967				
	22c. PHYSICIAN'S NAME (Type) R	0 1		22d. ADDRESS	10.01					
	12	· Dakra	. a.M. sun	3003	NATA RE	1) E , D (12,020				
234	o. BURIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETER		23d OCATION (City of	(County) (Stote)				
	MOVAL (Specify)	411/67		100	1 4115 CM	URCH, UH.				
24	FUNERAL DIRECTOR	had have	ADDRESS	f nA		REGISTRAR S SIGNATURE				
	Wa Co	rancoso	ilueron	a Jack DATE	IN 1 1967	Misseles Judges				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the otherding physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays author papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offgredeath Poge 4 may be retained by the hospital or ottending physicion. director, page 3 should be detached for use os the burial-tronsit permit. Then please refno should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in day VR A15 (4) 25M 1/67

4 Ph 3 4 4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

W		07063			CERTIFICATE	OF DEATH		0	7044
and	1. PLACE o. COL	OF DEATH		11		2. USUAL RESIDENCE (N	Where deceosed lived, if	institution: Resident	ce before odmission)
e fur es 1 ofter	Ь (П)	OR TOWN (If outside	de corporate limits	Thonge	MARYLAND ENGTH OF STAY IN 16	c. CITY OR TOWN (if ou	Kide romorote limits	write RURAL and give	neorest town
by the fu s. Pages 1 hours after	wn	te RURAL and give r	nearest town)			Okon	Heli	3	13.1
d in pers. 72 h	d NAA	ME OF HOSPITAL OR I	INSTITUTION (If no	1 / 1)	d. STREET ADDRESS	<i>(</i> .		e. IS RESIDENCE ON A FARM?
ely fille oan pa within	3 NAME	OF	Pro Fin	Jarden.	Midd e	5205 d	4 DATE	Month	Doy Year
ve carba		or print)	IRgin,	A	H. 6	ONKlin	OF DEATH	nay o	29 1967
8 0	S. SEX		LOR OF RACE	7 MARRIED WIDOWED P	NEVER MARRIED DIVORCED	B DATE OF BIRTH		years FUNDER hday) Months	Doys Hours Min
- ·=]		LOCCUPATION (Give I	kind of work done		BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign count		IZEN OF WHAT
physician ien please aval, and i	7	FOUSETUS)		IMDUSTR	V.F.	MARAZANI 14. MOTHER'S MAIDEN,			45A-
phys hen p	12 LWill	CRS HAIRE	in 2	ma		14. MOTHER 3 MAIDEN-A	lean	Be/1	/
E 1	15 WAS (Yes, no, i	DECEASED EVER IN U.S or unknown) (If yes	ARMED FORCES?	service) 16 SOCIAL	L SECURITY NO 17.	INFORMANT		Address	£
attendi permit. ian, ar r		NO CAUSE OF DEATH (E		1/10	70,00	Joseph	BNORKIS	Sume	INTERVAL BETWEEN
an. by the attrransit perr crematian,	10.	PART 1 DEATH WAS		7	esperal	ore Fa	elvere		ONSET AND DEATH
The state of the s	Cond	itions, if ony, which	DUE T	12 EX/	ERAUZET	CARCIN	OMATOS	5/5	114 ONTH
ig priysk n signec e burial a burial	rise t	o immediate cousing the underlying of	e (o), {	b) CIPY	20 04 14/11			-	1-4-2-2-40
renain as the priar t	last DADT	II OTHER SIGNIFICA	NT CONDITIONS (1-7		S CARCII		163	19 WAS AUTOPSY
cate has far use c	NO PAKI	II. OTHER SIGNIFICA	MI CONDITIONS CE	INIKIBUTING 19 JEE	TO THE RELATED TO	PE PERMINAL DISEASE CON	IDITION GIVEN IN PART	1(0)	PERFORMED? YES NO Z
2 4= - 1		ACC DENT WAS UNDER		205. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item	18.)	
riaspi is certi ached		THER, NOTIFY MEDICAL TIME OF INTURY MA	EXXIMITED 12	20d INJURY	OCCURRED 20e PLA	CE OF INJURY (Home, form	20f (City os t	town) (Cou	inty) (Stote)
등록 부급	MEDICAL 20¢	Hour o'm	mes	While of work	Hor White Tool	lon steet office bidg, etc.)	1	Tons	2
ed by t: After Ild be he Stat		21. I certify the	ot (I) (This hos	ottended t	the deceased from_	May 17,	9.67, to /-	7050101	2, that (I) (we) last ne date stated above.
Shaul Shaul		SIGNATURE SIGNATURE	d dive di	F. J	2, 17 <u>132</u> , did 1110	ATTENDING (7)	77	22b. 07	ATE SIGNED
At DIRE page 3 e filed v	720	PHYSICIAN S	lus St	lav	et fr. M.	D. PHYS	DIRECTOR LJ PHY	s <u> </u>	29/67
o FUNERAL director, po		NAME (Type)	RTHU	e sha	VER TR.	22d. ADDRESS 4	OLD BRANCA	ANE CL	SINTOUMD
FUNER, director, shauld b	23o. BUR	IAL, CREMATION, OYAL (Specify)	23b DATE THE 5/31/		NAME OF CEMETERY OR		23d LOCATION (CI PRINCE ((County) (Stote)
00		ERAL DIRECTOR RO				T 40 0701	BY REGISTRAR	GEORGES , 25b. registrars si	MARYLAND IGNATURE
VR A15 (4) 3 20 M 1/66					, MARYLAND	DATE N	AY 3.1 196	7 Kolia	May Jordan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat<u>h</u>

Page 4 may be retained by the haspital or attending physician.

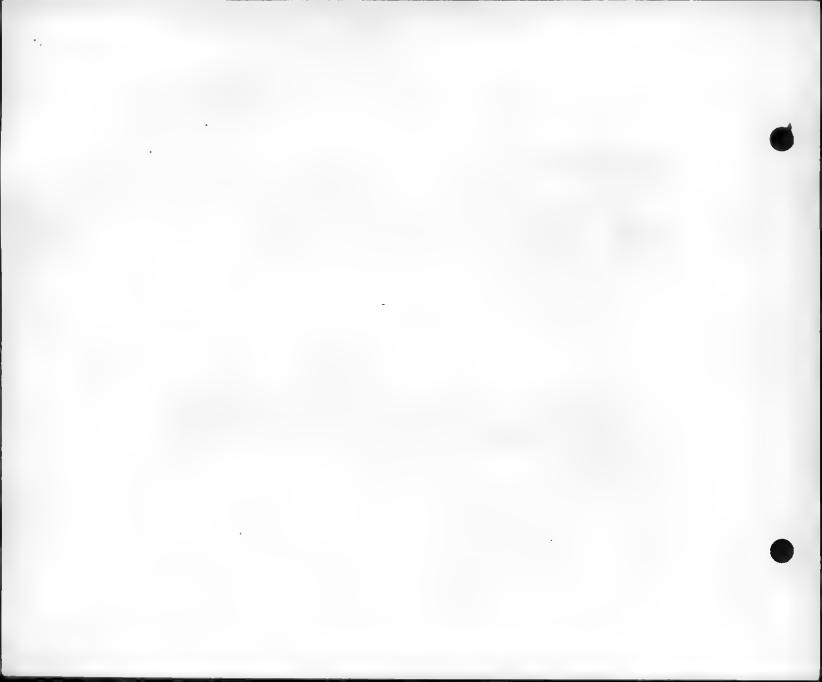


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				CERTH	FICALE	OF DEATH				0250	7
1.	PLACE OF DEATH o. COUNTY	Prince Geo		MAR	YLAND	2. USUAL RESIDENCE (o. STATE		b cour	VTY		on)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH (c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and c				neorest town)	
	Glenn Dale (rural) 42			42 day	s	Washington, D. C.					
П		I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address				d STREET ADDRESS				e IS RESIDENCE ON A FARM?	
	Glenn	Dale Hospit	tal			609 Irvi	ng St.	, N. W.			NO X
3	NAME OF	• "	st	Middle		Lost	4. DATE	Mont	ħ	Doy Ye	ear
L	DECEASED (Type or print)	Samo	iel	L.	C	ooper	OF DEATH	5	2	29 19	67
S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	DX	B. DATE OF BIRTH	9	AGE (In years lost birthdoy)	Months [YEAR IF UNDE	R 24 HRS.
	Male	Negro	WIDOWED	DIVORCE	D 🔲	11/6/1900		66 yrs	MOTHIS I	DOYS TOURS	4811.5
	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (County	& Stote, or forei	gn country)		EN OF WHAT	
Out		- retired	114	unknown		Virginia			USA		
13	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
	Charli	e Cooper				Mollie Ta	vlor				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16,	SOCIAL SECURITY NO.	17. [NFORMANT	7 2 0 2	Addre	:55		
	es, no, or unknown)	(If yes give wor or dotes o	service) 0	42-18-173	2	Decedent					
	18. CAUSE OF DI PART 1. DEA Conditions, if ony rise to immedial storing the under	e couse (o).	(o) Bron (b) spr	(e), (b), ord (c)) chogenic ead metas		noma, left	lung, v	with wid	le-	NTERVAL BE ONSET AND 6 week	DEATH
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY										
ATIO	Pulmonary tuberculosis PERFORMED? YES X NO [
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY (OCCURRED	Enter noture of njury n	Port I or Port I	l of item 18.)			
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 29e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) P.m. 19 Of While of work										
	21. I certify that \$\(\psi\) (this haspital) attended the deceased fram 4/17/, 1967, to 5/29/, 1967, that \$\(\psi\) (we) last saw the deceased give on 5/29/ 1967, and that death occurred at 7:45P M, from couses and on the date stated above.										
	220 SIGNATURE M.D PHYS DIRECTOR STAFF 220 DATE SIGNED 5/29/67										
	22d ADDRESS Glenn Dale Hospital Glenn Dale, Md.										
23	BURIAD CREMATIC REMOVAL (Specify	1 4	REOF -67	23c NAME OF CEN	LETERY OR			IT ON (City or To		ounty) (Stote)
2	I. FUNERAL DIRECTO	DR .		ADDRESS	, ,		D BY REGISTRAI		CISTRAR'S SIG	NATORENDA	g,
6	WIVERS	21FUNERO	2/4/6/	70 816h	15%	VE DATE U	N 12 1	961	~~~	00	W.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or remaval, and any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Fort Lincoln Com.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived if institution Residence before admission a COUNTY b. COUNTY Ö Maryland MARYLAND Prince George's b CTY OR TOWN (If outside corporate limits. with the State Department LENGTH OF STAY IN b c CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Cheverly DOA Hyattsville d. NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS be forwarded to the Chief Med.col Examiner's Office atong with form G,ve Pages Prince George General Hospital 8218 Allendale Drive 3 NAME OF 4. DATE Middle Month DECEASED 0F (Type or print) Anthony Louis Costantino DEATH S. SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED ast birthday) in pencil in Item 18 WIDOWED DIVORCED male white 10a USUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of work no life even if retired)
Barber NDUSTRY event within 72 hours ofter Italy permit. File pages 13 FATHER S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME Grace ... Coulatto Francis Costantino IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates at service) pending" Mrs. Rose V. Costantino (above ad-579-20-4544 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) dress) burial-tronsit PART I, DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a). writing the word Arteriosclerotic heart disease any Canditions, if any, which gave nse ta immediate couse (a). DUE TO stating the underlying cause 0 80 last be used removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (G) the certificate, 0 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Port I of Iem 18) 3 should PRIMARY ar CONTRIBUTING should cremation, or les. CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hume, form 20f (City or town) Haur a.m. factory, street, office bldg., etc.) Nat While for your moy be retained for your FUNERAL DIRECTOR: Page at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 🕌 Inquiry 🔽 funeral director deoth resulted fram. Natural ceuse's Acc dent/ Suic de Hamicide Judetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** earth John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street city town or county) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 50 REMOVAL (Specify)

VR A15ME (5) 6M 1/67

23d LOCATION July or Town!

Colmar Manor 25b R STRAR S SIGNATURE

DATE MAY 1 0 K

e IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR

12 CIT ZEN OF WHAT

Months

YES NO IX

FUNDER 24 HRS

INTERVAL BETWEEN

ONSEL AND DEATH

over 10 yrs.

19 WAS AUTOPSY PERFORMED?

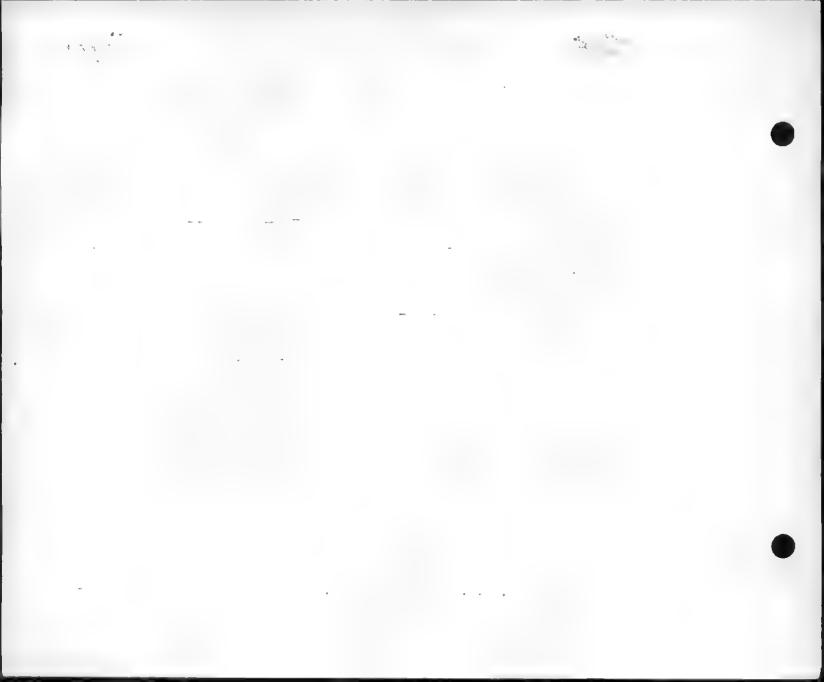
NO IX

(State)

and in my opin an

22. DATE SIGNED

67

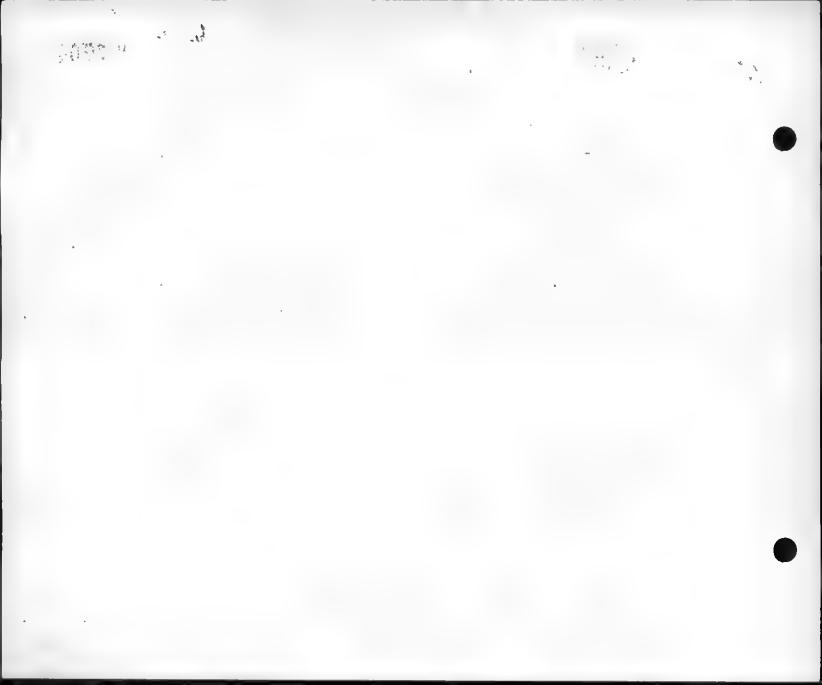


MADVIAND STATE DEDARTMENT OF HEALTH

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7065	CERTIFICATE OF DEATH	07046
OF DEATH	A SIGNAL DECIDENCE AND	- D

		4											
1	PLACE OF DEATH o. COUNTY P.G.	R	iverdale	MAR	YLAND	2. USUAL RESI a. STATE Md	DENCE (W	here deceas	ed lived, if institution b. CO		nce befare	admissia	n)
	write RURAL and	f outside corporate limits, aive nearest tawn)		ENGTH OF STAY I				,	ite limits, write R	URAL and gi	ve negrest	tawn)	,
-	Riverdale	Md a AL OR INSTITUTION (If not	n haspital, give st	2Days	5.	River		1	vid.			IS RESID	
3	Eugene Le					6132	6:	3rd	Ave.		YE	ON A FA	RM2 NO ZZ
3	NAME OF DECEASED (Type or print)	First Eţl	nel.	Middle M.		losi Crawl	ey	4. DATE OF DEATH	Mo Ma	orth	Doy 1st	Yea	
S.	Remale	6 COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIEU DIVORCEU		9-23-7		9	AGE (n years last birthday) 88 yrs	IF UNDER Months	1 YEAR I Days	Havrs	24 HRS Min.
ฮ์ย	ring mast af warking Housewif		10P KIND OF	BUSINESS OR Home		11. BIRTHPLACE Md.	(County &				ITIZEN OF V OUNTRY? ATTIET	NHAT	
1	A rome of cross	36				14. MOTHER'S							
17	Armiger, S. WAS DECEASED FVE	RINUS ARMED FORCES?	17 60011	SECURITY NO.	17. 1	NFORMANT	err,	lwa)	ry ann.	Iress			
10	(es, no, ar unknawn) No	(If yes give war ar dates of s	579 4	12 2999	Eu	gene Le	land	Hospi	ital 440	one Ar	enghi	mu I	7.7
	Canditians, if any, rise to immediat stating the under last.	e cause (a), DUE TO) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Me or	1/6				dero	145	Analle	LANDON TO	iszą(
FICATION	PART II. OTHER SI	GNIFICANT CONDITIONS COM	HE TERMINAL DIS	EASE CONE	DITION GIVE	N IN PART I(o)			AS AUTO ERFORME				
E	OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED (Enter nature of i	Nury in Pi	art t ar Par	t (I of item 18.)				
MEDICAL	20c TIME OF INJU Haur'o.n	10	20d INJURY While at work	OCCJRRED Not While at work		E OF INJURY (Ho ry, street, affice b		20f	(City or town)	(Co	unty)	(!	Stote)
		y that (1) (this haspi eceased alive an	tal) attended t	he deceased	fram. <u>Z</u> and thaf	death accur	, 19 red at_	67, to	a, I, fram cause:	s and an i	/, that the date	t (I) (v stated	ve) last abave
	220. SIGNATURE	10/1/	all	er	M D	1 101 3	4	MED DIRECTOR	STAFF PHYS. [22b 5	ATE SIGNED	6	7
	22c. PHYSICIAN'S NAME (Type)	hu n	1AL	(N)	120	22d. ADDR	SS /1.	ine	erd	al	e,	22	£.
	B RIMOYAL EPECIFY			. NAME OF CEME corge \					CATION (City or 1 ttsville	lawn)	(County)		id.
	runeral directo	asch's Sons	Hyatts	ADDRESS ville, l	Md.	1	Sa. REC D	BY REGISTR	1967	REGISTRAR'S	SIGNATURE	udg	Ł

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbom papers., Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 pours after death. TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

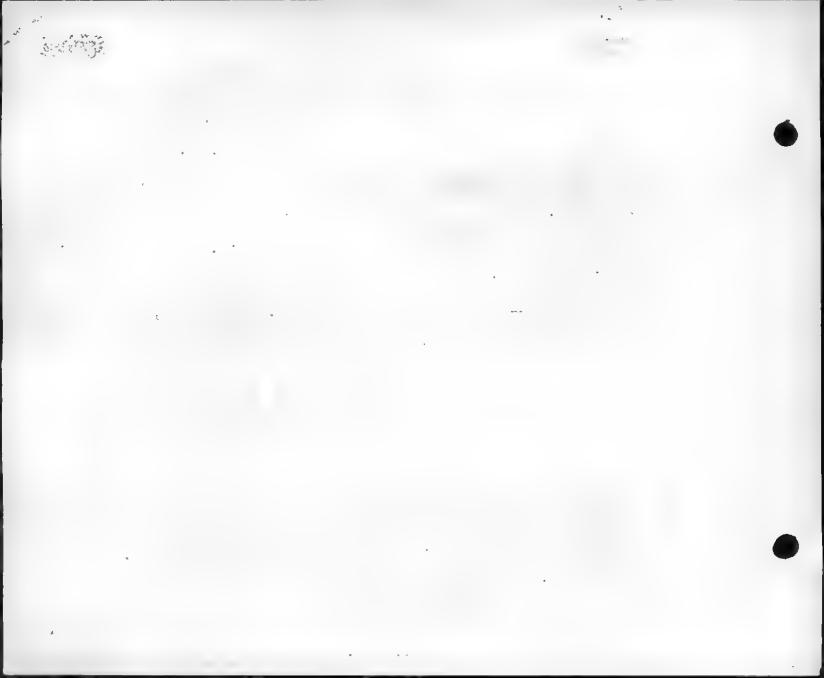


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07066	CERTIFICATE	OF DEATH	07047
	1 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution	Residence before admission)
		COUNTY Prince George's	MARYLAND	o STATE Maryland b COUNTY	Prince George
		b CITY OR TOWN (If outside corporate imits, write RuRAL and give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURA)	E and give nearest town)
		Greenbelt	18 days	Washington, D. C.	473
		NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e IS RESIDENCE
1		Greenbelt Convalesce	ent Center	1263 Monroe St., N. E.	ON A FARM? YES NO K
	1	NAME OF PIRST PROCESSED (Type or pont) Henrietta	Meddle Cum	Last 4. DATE Month OF DEATH May 5,	1967 Doy Year
	5	T2	ARRIED NEVER MARRIED B	DATE OF BIRTH 9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
1		USJAL OCCUPATION (Give kind of work done no most of working kie, even if retired)	Ob KIND OF BUSINESS OR CHO STRY HOME	11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY? U.S.A.
			Own nome	Atkins, Ark.	0.D.A.
	13.	FATHER S NAME		14. MOTHER'S MAIDEN NAME	
		Edward McBride Ar		Martha Stepp	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	to.	Address Address Avard P. Cunningham, Se	
		1B. CAUSE OF DEATH (Enter only one cause per		and to 1. Outiling train, 98	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	LANCER OF	PHARYNX	ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO			
r d	TION		BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B }	
	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While Nat While of factor	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	(County) (State)
		saw the deceased alive on 5 pt	attended the deceased from 2. A4 1967, and that	death accurred at $4^{20}A$ M, from causes or	
		220. SIGNATURE HOWARD M. Ja 20. PHYSICIAN'S	nning MD	ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	MAY SI 1967
1		NAME (Type) Howard M. Ta	inning /	Greenbelt, Mary	land
	230	BURIA., CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR C		, , ,
		Burial 5/8/67		emorial Park Falls Ch	nurch Va
	24		A CO LEZZ ADDRESS Y - A A		STRAR'S SIGNATURE
		Gawlers Furneral Home	Wash., D. C.	DAMAY 1 0 1967 400	ranley Judge

death TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the fluneser director, page 3 should be detached for use as the buriol-transit permit. Then please/remaye carbon papers. Pages, I and should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in only event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requies that the left certificate be executed within 24 heurs after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

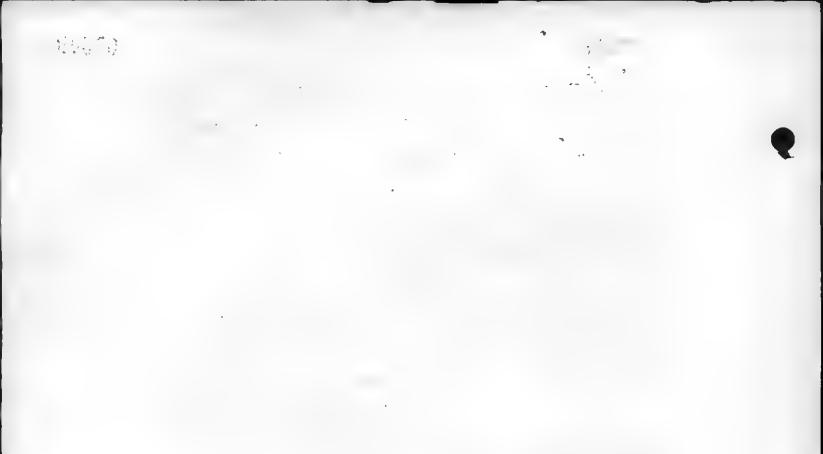


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07067

0000	•		CLIVITICA	IE UF DEATH			U7043	
1. PLACE OF DEATH					Where deceased liv	ed, if institution: Re	esidence befare admission)	
Prince (Georges		MARYLAND	Marvland		Prince G		
b CITY OR TOWN	(If autside carparate limit d give neorest town)	S,	CLENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corpor ote um	its, write RURAL on	d give neorest tawn)	
Chever1			7 days	Hillcrest	Hghts.		, .	
d NAME OF HOSPI	TAL OR INSTITUTION (If no	at in hospital, givi	street address)	d. STREET ADDRESS		1	e 15 RESIDENCE ON A FARM?	
Prince	Georges Gene	eral Hos	pital	2341 Lyon	Street		YES NO	
NAME OF OECEASED	fi	rst	Middle	Last	4. DATE	Manth	Day Year	
(Type or print)		Anna	J_{α}	Daniel:	OF DEATH	Mav	22. 1967	
ZEX	6. COLOR OR RACE	7 MARRIEO	NEVER MARRIED	8. DATE OF BIRTH		(n years tFU birthday) Man	NDER I YEAR IF JNDER 24 H ths Days Haurs Ma	
Female	White	WIDOWED 5	DIVORCED [9/18/1900	66	YES.	ins boys induis in	
USUAL OCCUPATION	N (Give kind of work done	10b. KIND	OF BUSINESS OR	11 BIRTHPLACE (County	& State, ar foreign c	auntry)	2 CITIZEN OF WHAT COUNTRY?	
Reti	red Telepho	ne Opera	itor	Scottano	i		USA	
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
Neil				Leonie	?			
S. WAS DECEASED EV	ER IN U.S. ARMEO FORCES?	16. SO	CIAL SECURITY NO. 1	7. INFORMANT		Address		
(Yes, no grunknawn) (If yes give war ar dotes af service) NO Neil Daniel, Son, Same As # 2								
	EATH (Enter only one cou	se per line far (a), (b), and (c).)				INTERVAL BETWEEN ONSET AND DEATH	
PARI I. UD	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cerry	Menon				GHSET AND DEATE	
401.	O DUE	10	,					
Canditions, if an	te couse (a)	(b) And	my they	4				
stating the und		. 11/	14.60	14/160				
last)	(c) cup	Mentin Y Il	wyaltry	hy			
FART II, OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL D SEASE 20	NDITION GIVEN IN I	PART 1(a)	19 WAS AUTOPSY PERFORMED?	
<u> </u>							YES HO	
20g ACCIDENT WA	LS UNDERLYING □ G □ CAUSE OF DEATH	20b. ØESCI	RIBE HOW INJURY OCCURRI	D (Enter noture of injury in	Part 1 ar Part II af	item 18)		
	MEDICAL EXAMINER)							
20c TIME OF IN.	URY Manth, Oay, Year m.	20d INJU While c	RY OCCJRRED 20e.	PLACE OF INJURY (Hame, farr factary, street, affice bldg., etc.	n, 20f (Cify .)	ar tawn)	(Caunty) (State	
- p	m. 19	at wark L	of work					
		phol) attende	d the deceased from	5/1/6/	19ta	5722	19 (> that (1) (wo)	
22a. SIGNATURE	eceased alive an _	5/22		hat death accurred at	Wi, Tro		on the date stated ab	
220. SIGNATURE	4	1		M.D ATTENDING M.D PHYS	MED.	STAFF		
22c. PHYSICIAN	A	-EMP		M.D PHYS PS 22d, ADDRESS	DIRECTOR L	PHYS L 1	May 22, 1967	
NAME (Type		etri tskv	. M. D.		e Island	Ave. Mt.	Rainier, Mo	
23a BURIAL, CREMATI			23c NAME OF CEMETERY			N (City or Town)	(Caunty) (State)	
ac- Donner, Christial	nj vetr III				TOO LOCKING	. ,	(1,0,0)	
REMOVAL (Specil	" 5/25/	67	Codon III 12	n	Danton	Canana	M	
BUT LA I			Cedar Hill Funderal Hom	Cemetery 250 REC	Prince D BY REGISTRAR	Georges L 25b REGISTRA	Maryland RS SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeruted within 24 haurs after desired 4 may be retained by the haspital ar attending physician. VR 25A

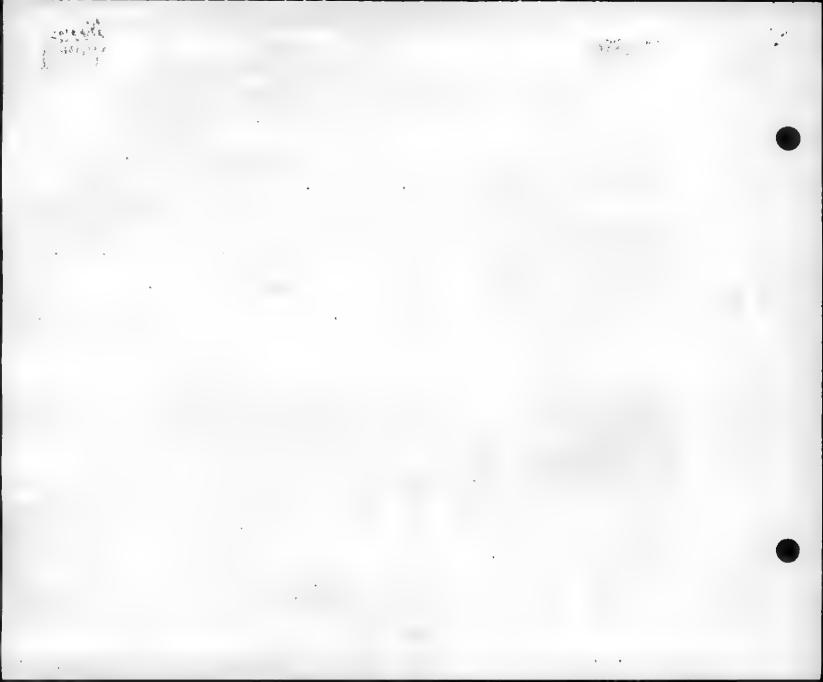


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY CAROLINA GEORGES MARYLAND completely filled in by the f CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs (ANDREWS AF BASE 2mo, 7 days GOLDSBORO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? HOSPITAL ANDREWS 628 FETCHET ST YES NO XX 3. NAME OF Middle 4 DATE Lost Month Year DECEASED (Type or pant) OF SALLY ANN DARNELL 67 DEATH S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) remay WIDOWED DIVORCED AUG 1931 CAU FEMALE 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) please COUNTRY? INDUSTRY HOUSEWIFE NA MASS USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys remaya CHARLES FREDERICK TSABEL FRANCES IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service HUSBAND SAME AS #2 NO 029-24-1186 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH CARDIAC & RESPERATORY FAILURE IMMEDIATE CAUSE (a) signed by DUE TO burial Conditions, if any, which gave (b) FAR ADVANCED CANCER OF BREAST WITH METASTASIS rise to immediate couse (o), DUE TO stating the underlying couse attending as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 🔀 NO Page 4 may be retained by the haspital or Ē 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) While Not While at wark at work 2). I certify that (1) (this hospital) attended the deceased from 3 March , 1967, ta 9 May , 19 67 that (1k (we) lost shauld 1967, and that death occurred of 7:35M, from causes and on the date stated above. saw the deceosed alive on_ 22a. SIGNATURE DATE SIGNED STAFF PHYS. ATTENDING M.D. r, page 3 be filed DIRECTOR 22d. ADDRESSIIS Hospital Andrews 22c. PHYSICIAN'S NAME (Type) directar, shauld 23a BUR AL, CREMATION BREMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 5/13/67 ROANOKE, VIRGINIA MOUNTAL! VIEW CEMETERY 256 ELEISTENANS ECHALINE 24 FUNERAL DIRECTOR ROBERT E. WILHELM FLAPPRESSAL HOME VR A15 (4) 20 M 1/66 4308 SUITLAND ROAD, SUITLAND, MARYLAND

DATE

6.1 The second second . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07050CERTIFICATE OF DEATH l ond 1. PLACE OF DEATH 2. USDAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeror a. COUNTY b. COUNTY Prince Georges MARYLAND Frederick requires that the death certificate by executed within 24 hours after CITY OK I JUNIA III OUT. c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Rural - Frederick District Heights Week d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 71.21 Cabot Street Route #6- Frederick. YES 😡 NO [3. NAME OF 4. DATE First Middle DECEASED OF DEATH Ursula B. Davis Mav (Type or print) SEX B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR I IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED e remove in ony eve last birthday) Hours July 5, 1895 WIDOWED DIVORCED physician and c Female White 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, eyen if retired)
HOUSEVILE **COUNTRY ?** INDUSTRY Elk Garden, W. Va. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME or removal. Patrick Henry Brown Bridget Theresa Burke ottending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates at service Mrs. Charles Watkins, Route #6.Frederick. Md 220 118 0510 JATERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) the signed by the buriof-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse the has been 19. WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate ţo. 20a ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 29c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) Hour o.m. factory, street, affice blda., etc.) Nat While of work at wark 6,10.1967 that (1) (we) last should be retoined 22n. SIGNATURE 4 22b. DATE SIGNED. MED. DIRECTOR STAFF **ATTENDING** M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) director, p 230 BURIAL, CREMATION. 23b. DATE THEREO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) REMOVAL (Specify) Olivet Cemetery Mount Frederick, Maryland 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son. Frederick. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02020 CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eyed, if institution Residence o. COUNTY a STATE COUNTY LENGTH OF STAY IN 16 HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NAME OF Middle 4 DATE Month Lost DECEASED ÖF carbo campletel EAN DEATH Type or print and in any event, S SEX 6. COLOR OR RACE AGE (n years NEVER MARRIED DATE OF BIRTH 7. MARRIED birthday) last DIVORCED WIDOWED and 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Teache Schoo 13 FAJHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, mores WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates af service) 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o). DUE TO stoting the underlying couse detached far use as the e Dept af Health priar to has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 10 FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 11 of Item 18) 20a ACCIDENT WAS JUNGERLYING OR CONTRIBUTING LAWSE OF DE (IF EITHER, NOTIFY MEDICAL COMM MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY 196 (this hospital) attended the deceased fram 21. I certify that (I) saw the deceased alive an and that death Occurred at 1 M. from causes and on the date stated above. 22n SIGNAZUR directar, page 3 shauld be filed v DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS

ADDRESS

IS RESIDENCE

ON A FARM? NO X

Year

19 67

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES -

(County)

DATE S.GNED

(County)

REGISTRAR S'SIGNATUR

8808 OLD

23d "LOCATION (City of Fown)

2\$b

BY REGISTRAR

NO Z

(State)

(Stote)

YES

Dov

Days

12 CITIZEN OF WHAT

COUNTRY

IF UNDER 1 YEAR

Months

VR A15 (4) 25M 1/67

230 BURIAL, CREMATION

REMOVAL (Specify) FUNERAL DIRECTOR 23b. DATE THEREOF

24 hours after

within

executed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

O HOSPITAL

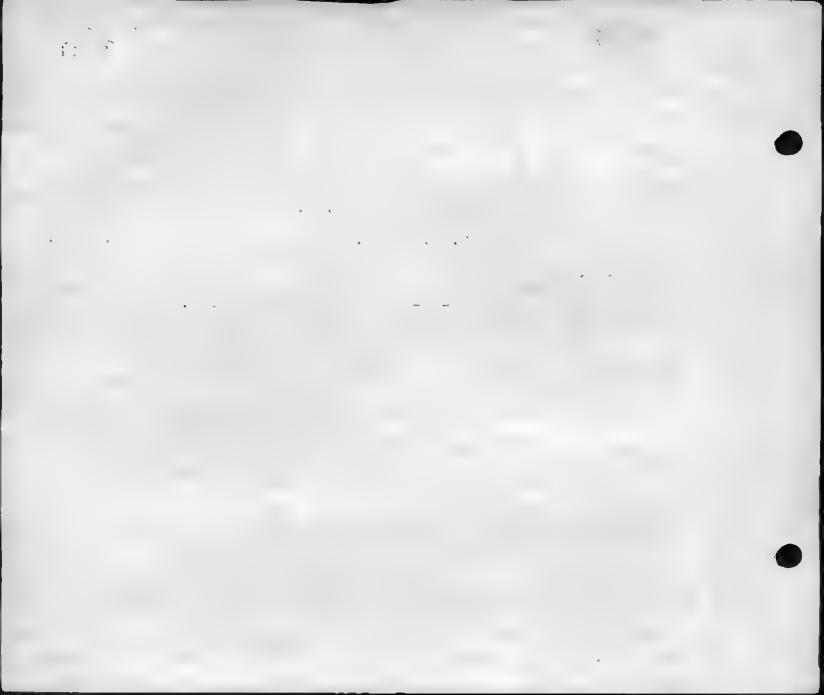


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17071 CERTIFICATE OF DEATH

		20010
	PLACE OF DEATH •. COUNTY Death	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss.on) a. STATE b. COUNTY
	Prince Georges MARYLAND	Maryland Prince George:
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	
	_Langley Park	Langley Park
H	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
	1311 Merrimac Drive	1311 Merrimac Drive YES NO
	S. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
J	(Type or print)	DENNISS DEATH May 12 1967
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR, IF UNDER 24 HRS.
		Dec. 9, 1899 6 yrs. Months Deys Hours Min.
н	IOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or forming country) 12. CITIZEN OF WHAT COUNTRY?
	Attorney (retired) U. S. Gov't	New York U.S. A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- I	Louis R. Dennis	Rosa Lee Davenport
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	INFORMANT Address 6106 Madison St
	yes WI 578-54-2774	Louis R. Dennis, Jr. East Riverdale
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]	Md . INTERVAL BETWEEN ONSET AND DEATH
	PART J. DEATH WAS CAUSED BY:	(neusume 3 day
	DUETO ANTENDA PENTE	· Cardo Vas culano dos
	Conditions, if any, which \ (b)	11 Carrier 9 made
	gave rise to immediate cause	To the second
	(a), stating the underlying out to cause lest.	Suztry o en gernel you
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	
1		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200 ACCIDENT WAS UNDERLYING 200 CONTRIBUT OF 200 DESCRIBE HOW INJURY OCCUR OR CONTRIBUT OF 200 DESCRIBE HOW INJURY OCCUR OR CONTRIBUT OF 200 DESCRIBE HOW INJURY OCCUR	RED. (Enter neture of Injury in Part I or Part II of Item 18.)
		LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. p.m. 19 While Not While at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	n
		at death occurred at A.M. from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	(Loligh	M.D. ATTENDING MED. STAFF PHYS. SIGNED
	22c. PHYSICIAN'S NAME (Type) OLD + (*/= C C 120 FUA	22d. ADDRESS (2) 2 () () () () () ()
	NAME (TYPO) OHANNES SAHAKYAN	6001 Candown Rd. Chewyh)
3	(38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, lown or county) (Stella)
	Burial 5/16/67 Baltimore	National Baltimore, Maryland
:	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	The S. H. Hines Company Washir	orton, DGonMAY 16 1967 yellowlas Judge
*-		



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21

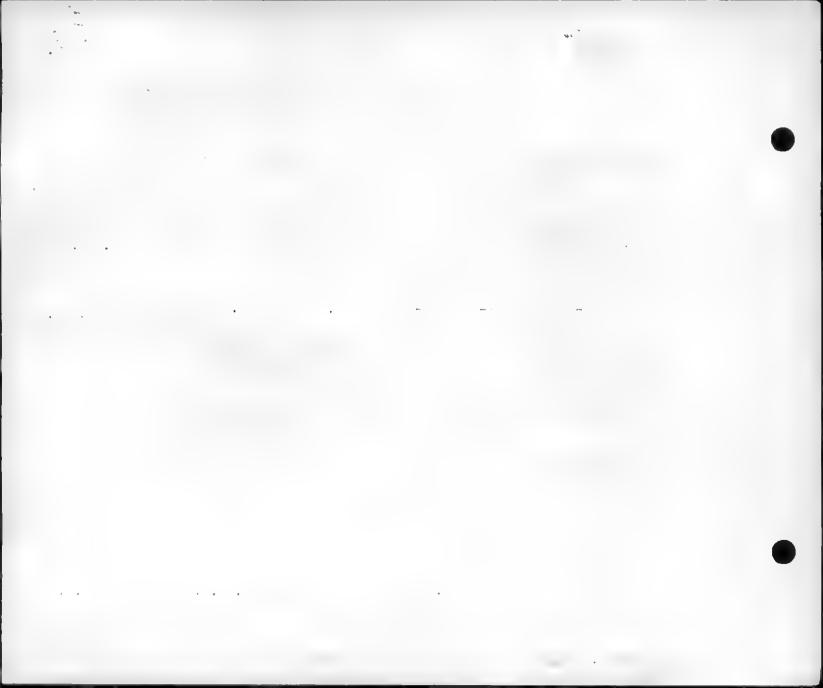
			DIAIZION	OF AHAL KE	CORDS, 301 W.	PRESTO	IN ZIKEEL, BALIIMI	UKE, MAKTLAND	21201		
(M)		0707	2		CERTIFI	CATE	OF DEATH			0705	63
funeral and 2 er deoth.		PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARY	AND	2 USUAL RESIDENCE (a. STATE	Where deceased lived, +	f institution Rib. COUNTY	esidence befare	odmission)
ors afti by the Pages ours aft		Glenn D	(If autside carparate mits d give negrest town) ale (rural)	5,	12 days	l Ib)]	ortside corporate limits, v	write RURAL ar	id give nearest	tawn)
4 ha I in 1 ers. 72 ha	/		TAL OR INSTITUTION (IF IN		ve street oddress)		d STREET ADDRESS			é	IS RESIDENCE ON A FARM?
illec	<u> </u>	- 21	le Hospital				441 H St			Υ	ES NO 🔨
d with		NAME OF DECEASED (Type or print)	Richa	rd	Middle	Die	ckinson	4 DATE OF DEATH	Month 5	Доу 3	Year 19 67
xecute I comp move ny eve	3	Male	6 COLOR OR RACE White	7 MARRIED [WIDOWED [NEVER MARRIED DIVORCED	U !	8. DATE OF BIRTH 4/28/1905	9 AGE (In lost birt 62			Hours Min.
te be e	10	uring most of working	N (Give kind of wark done life, even if retired)	IND	D OF BUSINESS OR USTRY Station		11. BIRTHPLACE (County Virginia	& State, ar foreign count	(4,	12 CITIZEN OF COUNTRY?	WHAT
from yalic ple al, o		3. FATHER S NAME					14. MOTHER'S MAIDEN	NAME			
certi g ph lhen nov			d L. Dickin				Lillie M	. Payne			
mit. I		(Yes, pg, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates a	16. Si 26	OCIAL SECURITY NO	17 1	Decedent		Address		
■ low requires that the last certificate be executed within 24 haurs after detending physician. Is been signad by the attending physicion and completely filled in by the fune os the burial-tronsit permit. Then please remove forban papers. Pages i are prior to burial, cremation, or removal, and in any event, within 72 hours after de		18. CAUSE OF D PART 1. DEA Conditions, if any rise to immedio storing the under	DUE y, which gave te couse (a),	(a) Mass: TO (b)			hemorrhage			ONS	RYAL BETWEEN ET AND DEATH TES.
itale: The outof or attentions has of Health profile of the office of Health profile		ized ari and per 20d ACCIDENT WA OR CONTRIBUTING	IGNIFICANT CONDITIONS CONTINUES CONT	sis wit	n arterios nsufficien	cler cy.	THE TERMINAL DISEASE CO COTIC CARDIO (Enter nature of injury n	vascular d	isease	eral 19	WAS AUTOPSY PERFORMED? S X NO
the harder the Dep	10000	Hour o.	URY Month, Day, Yeor m. m. 19	20d IN: While at work	URY OCCURRED Not White		CE OF INJURY (Home, for ary, street, office bldg , etc		town)	((County)	(Stote)
ATTING IND stoines by the CTOR: After a should be dith the Stote			ify that XX (this has			fram .	4/21/	9 67, to	5/3/	19 67 , the	at (A) (we) las
ine			eceased alive an	5/3/	19 <u>67</u> , a	nd that	t death occurred at	9:00M, fram c	auses and	an the date	stated above
W - 5		22o. SIGNATURE	une	Vin		M.I		MED. STA	FF S.	2b. DATE SIGNE 5/3/67)
		22c. PHYSICIAN'S NAME (Type		.ss, M.	D.		_	enn Dale H		<u> </u>	
TO CUNTAL OR Poge 4 moy be r TO FUNERAL PIET director, poge 3 should be filed v		30 BURIAL, CREMATI REMOVAL (Specif Burial	May 7,		23c NAME OF CEME Family Ce		CREMATORY	23d LOCATION (Co Spotsylv	nty or Town) Zania C		
		24. FUNERAL DIRECTO	***	TT 4 :	ADDRESS		2So REC	D BY REGISTRAR		AR S SIGNATURE	
VR A15 (4) 25M 1/67		r. uas	ch's Sons	Hyatts	ville, Md.		MAY	8 1967	flian	les you	

PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	07073	CERTIFICATE	OF DEATH		07054
	1. PLACE OF DEATH				tian Residence befare admission)
	o. COUNTY Prince Georges	MARYLAND	o STATE Maryland	b. COU Prin	ce Georges
	b. City OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16		itside corparate limits, write RU	
	write RURAL and give nearest town) Cheverly	30 days	Riverdale	,	
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in ha	espital, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Prince Georges General	Hospital	4509 Oliv	er St.	YES NO
	3 NAME OF First	Middle	Last	4 DATE Mon	th Day Year
	DECEASED (Type or print) ALBERICO		Di Paolo		lay 10 19 67
	S. SEX 6. COLOR OR RACE 7 MA	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
	1470	DOWED DIVORCED	3/1 *0 * 190	04 63 yrs	
	100 USJAL OCCUPATION (Give kind of work done during most of working life even if refired) Uperating Engineer	10b. KIND OF BUSINESS OR NOTE NOTE	II BIRTHPLACE (County Italy	& State, or foreign country)	UCOUNTRY?
	13. FATHER'S NAME Bernardo DiPaolo		14. MOTHER'S MAIDEN Unknown	NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Arby	909 Oliver St.
	(Yes no at unknown) (If yes give war or dates of service	(e) 036-16-2510 Mrs	s. Margaret		verdale. Md.
	18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	line for (a), (b), and (c).) Ademocarcius	us of th	e protete	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	Coeverelized.	metat	wes	About 2 yrs
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I or Port 11 of Hern 18)	
	20x TIME OF INJURY Month, Day, Yeor Hour o.m. 19		E OF INJURY (Hame, form ary, street, office bldg , etc.		(Caunty) (State)
	21 I certify that (I) (this haspite);	attended the deceased fram		965, to 5-10	and on the date stated above.
	220. SIGNATURE /	7	deam accorred at		22b. DATE SIGNED
	OHavin he	MI MD	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS.	May 10, 1967
	22c. PHYSICIAN'S NAME(Type) Ottavio Geli	mi M. D.	22d. ADDRESS 916 19th	t. N.W. Washi	
	230 BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C		23d LOCATION (City or To	
1	Burial Specify 5-13-1967	Mount Olivet	Cemetery	Frederick,	Maryland
7	24 FUNERAL DIRECTOR	ADDRESS	Sala MAY	BY REGISTRAR 25 25 C	GISTRARS SIGNATURE

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th≡ deoth certificate be executed within 24 hours offer deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retoined by the hospital or attending physicion. VR A15 (4) 25M 1/67



FOR STATE necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shaud be farwarded to the Chief Medical Examiner's Office along with farm PM3 Page. delay 15 5 may be retained far yaur files TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit perm.t File pages land 2 with the State Department TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a

Y

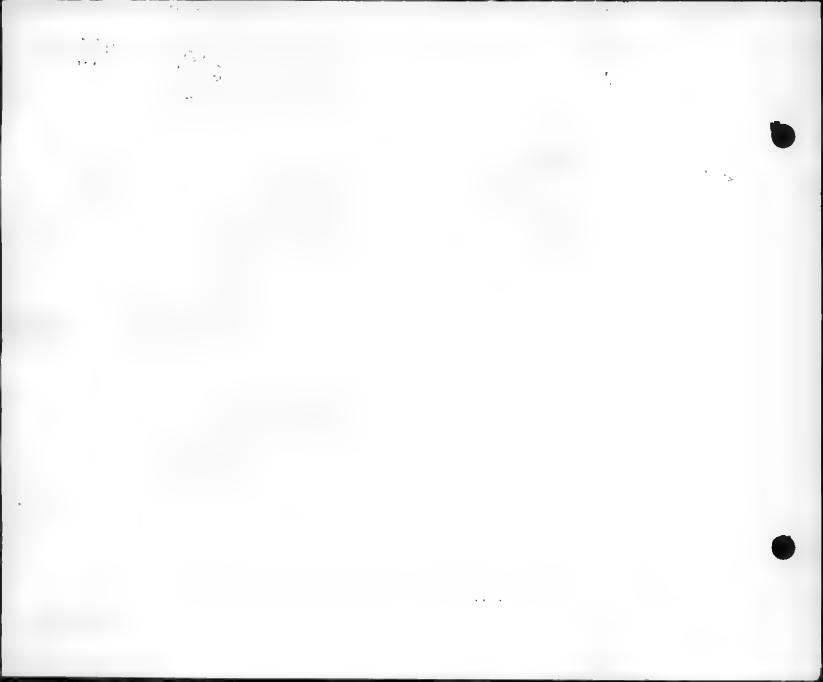
Health priar to bund, cremation, ar remayal, and in any event within 72 hours after death,

	1	MAKTLAN	ID STAT	E DEPAK	IMENI	OF HEALIH		
ISION OF	VITAL	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND, 21201	
1, 12,	. 13	. IL. &	.17.&	.23c š	ed Fi	.1Ն_#331	MARYLAND, 21201	

7074 #8, 47 07055

1	V_V_V_V_				
	PLACE OF DEATH			There deceased ved, if ristitutes Reside	ice before odmission}
	COUNTY Prince George's	MARYLAND	o STATE Pennsyl	b COUNTY	V
	b CITY OR TOWN (If outside corporate Limits,	C LENGTH OF STAY IN 16		ts de corporate limits, write RuRAL and giv	e neorest town)
	write RURAL and give nearest tawn)	DOA	Philada	Inhia	7
_	Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hospital or		Philade	Thura	e IS RESIDENCE
			4		ON_A_FARM?
-	Prince George's General			t York Street	YES NO X
	NAME OF First DECEASED	M ddle	Lost	4 DATE Month	Day Year
	(Type or print) Bernice		Dixon	DEATH5	27 19 67
S.	SEX 6 (O.OR OR RACE 7 MARRIED	NEVER MARR ED 💢	B DATE OF B RTH	9 ACE (In yearsFUNDER lost birthdov) Months	Dovs Hours Min
1	Cemale Negro WIDOWED	D VORCED 1	LBHHV/ 6/9,	/11 22 yrs. Months	מואן ביניטון ביניטו
	JSUAL OCCUPATION (Give kind of work done 10b K	ND OF BUSINESS OR	11 B RTHPLACE Stote	r foreign country) 12 1)	TIZEN OF WHAT
dur	ng most of working life, even if retired) IN	DUSTRY	N.C.	(8)	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	Da-Patha
	Dahamb Camada				
15	Robert Garrett WAS DECEASED EVER NUS ARMED FORCES? 16:	SOCIAL SECURITY NO 17 I	NFORMANT	ny Dixon Address	
(Y∈	s, no, or unknown) [(If yes give war or dates of service)				
L		Lu	<u>bie Dixon R</u>	t. 2 Hox 591 A Grif	ton, N.C.
	18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY.				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE (AUSE (a) Lace	ration of brai	n		ONSCI AND DEATH
	5254 DUE TO				
	Conditions, Tony which gove) (b) Comp	ound skull fra	cture		
	rise to immediate couse (o). Stating the underlying cause DUE TO				
		ma - auto acci	dent		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
CERT F CATION				, ,	PERFORMED? YES NO X
Z E	20o EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING □	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in F	Part Lor Part Lof Item 8 ?	
		ssenger in car	involved i	r collision	
Š.	20c T ME OF INJURY Month, Doy Year 20d IN	JURY OCCURRED , 20e PLAI	CE OF INJURY (Home form	T 20f (City or fown) (Co	unty) (State)
MED	3:15am pm 5-27 19 67 While	Not Whole W Wood	ory, street office bidg etc.)	Bridge, Prince Geor	rge's. Md.
	21 I certify that I taak charge of the ren				
	death resulted fram: Natural couses	_ / 3			and 'n my opinion
	dediff resolled fruit: Nation couses	, Accident XI, Suic	ide, Hamicide		
	ACTUAL /	V -0	CHIEF MEDICAL		22. DATE SIGNED
	SIGNATURE		m. D	CAL EXAMINER L	
	EXAMINER'S		DEPUTY MEDICA	_	5-28-67
nn.	NAME (Type) John Kehoe M.D., Ri	verdale, Mry	FörTIG	city town or rounty!	
230	REMOVA. (Specify 23b DATE THEREOF	23c NAME OF CEMS ERY OR		23d AQCATION (City or Town) N.C.	(County) (State)
_	1) 21-61	Ayde		T CANOTENAUX	11/17/28
24	HYMERA DIRPCTOR	ADDRESS			IGNATURE
	1200 min 389 13.4	'and Wash	LL'C DATE JU	N 1 1987 Milian	reas Judge
				4-7	- 17

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		-		
1	0	P	oth	
	ner	D	de	
II.	2	S	te	
-	*	age	75.0	
	þλ	_	0.0	
	.≘	ers.	72 h	
	led	b	E	
		=	ŧ	
	stel	arban	*	
	de		Ven	
	COM	0	V eve	
	pu	remo	TO T	
	D	Se	<u>-</u> -	
	ice	led	GD.	
	hys	еп р	Val	
	C72	The	DŒ.	
	i d i.	iit. The	T-	
	e attending	erm	n, or remaval, and in to	
	9	be.	<u></u>	
	₹	nsit	E	
Ig		tra	CLe	
ySIC	igned	<u>=</u>	0	
5.	Sig	2	5	
ğ	en	d far use as the b	10	
tendin	s be	05	<u>.</u>	
0	ha	Se	th p	
0	ote	5	60	
0	ij	-5	Ŧ	
950	Cer	hec	ot. c	
9	his) ptc	Del	
=	OR: After this cer	Pe	ate Dep	
ā	Aff	å	S	
ine e	3		‡	
B 10	F	sh	YE.	
be retained	RE	3	b	
ģ	2	Irectar, page	=======================================	
E	RA	7	be	
Page 4 1	UNE	scta	100	
Pag	F	dire	sho	
	\equiv			

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

	0101	7		CEKIIF	ICAIL	OF DEATH		Û	705	B	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased fived		dence betare	admission)	
	o. COUNTY Pri	nce George	S	MARY	'LAND	o STATE D.C.		b. COUNTY		-	
Г	b CITY OR TOWN (f outside comprote limit		C LENGTH OF STAY I	N 16	C CITY OR TOWN (IF ou		, write RURAL and	give nearest	fawn)	
	Glenn Da	give negrest town) Le (rural)		68 day	78	Washingto	n		***		
		AL OR INSTITUTION (IF no	ot in hospitol, i			d. STREET ADDRESS			e	IS RES DEN	(E
	Glenn Da	le Hospita	1			2432 Irvi	ng St., S	. E	٧ ا	ON A FARN ON TES NO	
3	NAME OF		rs!	Middle		Lost	4. DATE	Month	Dov	Year	
	DECEASED (Type or pnnt)	Edith		P.		Dixon	OF DEATH	May	17	19 67	7
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8 DATE OF BIRTH	9 AGE (1	n veors FUND	ER I YEAR	IF UNDER 24	HRS
	Female	Negro	WIDOWED	XX DIVORCED		12/22/1885	81 6	irthday) Months	s Doys	Hours 1	Мир
100	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11 BIRTHPLACE (County	& State or foreign cou		CTIZEN OF	WHAT	
dui	ring most of working Retired	lite, even it retired)	Į I <u>N</u>	DUSTRY		Washingt	on, D.C.		COUNTRY		
13	FATHER'S NAME					14. MOTHER S MAIDEN I	NAME				
	Frank Da	ide				Jane For	d				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17	INFORMANT		Address			
fı	No No	(If yes give wor or dotes of	57	77-34-7271		Decedent					
	18. CAUSE OF DI	ATH (Enter only one cou	ise per line for	(o), (b), ond (c),)						RVAL BETWE	
	PART 1. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	(o) Chro	nic nephri	tis	with uremia			3011	IO AND DEAT	Н
	4000		70		i a b	comt diagon	o soith fil	hmillotic	n		
	Conditions, if any, which gove (b) Arteriosclerotic heart disease with fibrillation (b) Arteriosclerotic heart disease with fibrillation										
	stoting the under		TO								
	last.)	(c)								
₹				IO DEATH BUT NOT REL	ATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PA	RT 1(o)		WAS AUTOPS PERFORMED?	
Ĭ	Pulmona:	ry tubercul	.0818							S NO	凶
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b DE	SCRIBE HOW INJURY OF	(CURRED	(Enter noture of njury in	Port I or Port I of at	em 18.)			
MEDICAL	Hour on	10	While			CE OF INJURY (Home, farm ory, street, office bldg., etc.)		or town) ((County)	(Stat	te)
	21 L corti	y that 🚯 (this has	nital) atten		fram	3/10 , 1	9.67 to 5	717	9 67 th	nt Mr (wa	lac
		ceased alive an	5/17/6	57 1967	and tha	3/10 , death accurred at	: IOA M, fram	causes and an	the date	stated a	bave
	22g. SIGNATURE	1.	1					22b	DATE SIGNE	D	
		Mit	Win	2	M.	1111101	DIRECTOR LE P	111 3.	/17/6	7	
	22c. PHYSICIAN'S NAME (Type)						enn Dale				
		TIOE W	eiss, l	1.D.		G1	enn Dale,	Marylan	<u>d</u>		
23	BURIAL CREMATIC	ON, 1286 DATE TH	ERFOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d LOCATION		(County)	,	3)
		12-22-	67	Arlingt	on	National	Arling	ton Va.			
2	FUNERAL DIRECTO	4	11	ADDRESS	-	2So RELY	AFTREGISTAR 19	ton Va.	S SIGNATUR	Judge	
	7 Free	entruced!	Kerrel .	2011-121	11/1	C. DATE	- 10	1	A PARTY	Lucial	2

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #11,12,13,1 MEDICAL EXAMINER'S 2 USUAL RESIDENCE (Where deceased year if institution). Residence before admission) a COUNTY b COUNTY 2, and 3 to PM3. Page Prince George's MARYLAND Pennsvlvania y deloy **Department** b CITY OR TOWN (If outs de corporate lim.is, write RURAL and give nearest tawn) c CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 1b DOA Cheverly Philadelphia d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to give street oddress) d STREET ADDRESS e IS RESIDENCI the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? State | 3418 Carlisle Street Prince George's NO X NAME OF M dd e 4 DATE Month DECEASED with the (Type or print) Laurine Dixon DEATH 19 67 SEX DATE OF BIRTH F UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In veors last birthday) Months hours after death female W DOWED DIVORCED | 1-21-46 Negro 1Da USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10 COZZEN OF WHAT 1Db KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. N.C. 13 FATHER'S NAME 14 M THER & MAIDEN NAME Olivia Dixon Lubia Dixon permit. Fle IS WAS DECEASED EVER NUS ARMED FORCES? any event within 72 36 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) Lu'ie D'xon Rt." COld Grifton, N.C. 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of Brain DUE TO Conditions, if any, which gove (b) Multiple occipital skull fractures rise to immediate cause (o) DUE TO 0 stoting the underlying couse 6 Trauma - auto accident 3 should be used cremotion, or removal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ICOL 19 WAS AUTOPS) PERFORMED? NO X 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE MOW NURY OCCURRED (Enter noture of injury in Port or Port 1 of Item 18) Passenger in car involved in collision CAUSE OF DEATH 2Dd JNJURY OCCURRED 2De PLACE OF INJURY (Home form. 2Dc TIME OF INJURY Month Day, Year 20f (City or town) Hour am. Woodrow Wilson Bridge, Prince George's, Md. While of work of work moy be retoined far your FUNERAL DIRECTOR: Page 3:15ampm 21 I certify that I took charge af the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my opinion funeral director death resulted from Notural Causes Accident / Y Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER X **EXAMINER'S** 5 moy 170 FUNEIN Health NAME Type) John .. Riverdale, Maryland Address (Street, city, town or county) 23. NAME OF METERY OR REMATORY 230 BURIAL REMATIO REMOVAL (Specify) 250 RECHUMEGETRAPI 1967 VR A15ME (5) I'm nw Wash If, DATE 6M 1167

MARYLAND STATE DEPARTMENT OF HEALTH



1 | |

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0707	7		CERTIFICA	TE OF DEAT	Ή		070	58
PLACE OF DEATH				2. USUAL RESIDI	ENCE (Where deceos		TY /	re odmission)
o COUNTY	2. George	ـ کـد	MARYLAND	o. STATE	d.	p CON	1. Pr. 60	29.
b CITY OR TOWN	(If outside corporate emits	, CLEI	NGTH OF STAY IN 15	c CITY OR TOWN	I (If outside corporo	te amits, write RUF	AL and give neare	st foven)
	ever 14			SEA.	T Ple	ASAM-	7	10-1
d NAME OF HOSP	ITAL OR INSTITUTION (IF no	t in hospitol, give stre	eet oddress)	d STREET ADDRE				e IS RESIDENCE ON A FARM?
Princ	ce George	Hosmital	-	7003	11-31	· 3E.		YES NO
3 NAME OF DECEASED	1 Fin	st	Midd1e	Lost	4. DATE OF	Mont	h Do	y Year
(Type or print)	HUDE	sy		Dod 50	77 DEATH	m	74 2,	1 19 67
S SEX	6 COLOR OR RACE		NEVER MARRIED	8 DATE OF BIRTH	9	AGE (In years—— lost pirthdoy)	Months Doys	Hours Min
-	W	WIDOWED	DIVORCED	Oct. 28.	1911	55 ys	55	
10o USBAL OCCUPATIO during most of workin	N (Give kind of work done	10b KIND OF INDUSTRY			County & State, or for	reign country)	12 CITIZÉN O COUNTRY	
Hou	sewife	110001K		D.			Codiviki	
13. FATHER'S NAME	3.6			14. MOTHER'S MA				
Edward	Magner				Russell			
TS WAS DECEASED EN	/ER IN U.S. ARMED FORCES? I (If yes give wor or dotes o	f service) 16 SOCIAL	SECURITY NO.	INFORMANT		Addre		
		1		Martha I	Baker	(daug)	hter)	
18 CAUSE OF	DEATH (Enter only one cous ATH WAS CAUSED BY	se per fine for (o) (b)	, ond (c).)	. /-				TERVAL BETWEEN
2/0	1MMEDIATE CAUSE	(o) -11/6	equi spor	R				NSET AND DEATH
000	DUE	10 911	1.1.1-	1 11	0.10		17	2 600
Conditions, if on	to couse (o)	(b)ne	cled sour	my of the	igh arry	afation	1/2	- 1/1)
stoting the und		. 11	il. 1 .			,	5	9 dons
lost		(c) = 12 14	nerol U	-	angrene		110	THAT ALL ODGY
S PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONIRIBUTING TO DEAT	H BUT NOT RELATED T	O THE TERMINAL DISE	ASSOCIABILITIES GIVE	N IN PAK! I(0)		PERFORMED?
3 Dian	ctes me	(1/US)	194000		100031		1	YES NO
	AS UNDERLYING □ G □ CAUSE OF DEATH	20P DESCRIBE	HOW INBURY OCCURRI	0 (Enter noturதன் எ	ury in Port I or Por	t fot item 18)		
	Y MEDICAL EXAMINER)	0.0 1 1411112011		ince or allumization		15		
20c TIME OF IN Hour o		20d INJURY C		PLACE OF NJURY (Homeoctory, street, office blo		(City or fown)	((oruth)	(Stote)
	ı.m. 19	ot work	ot work	-1-1			/ 9	444 6 3 4
	ify that (1) (this has		ie deceased fram _19 <u>6</u> Z, and t	3/23/0		0_5/2/		hat (I) (we) la te stated abav
22o. SIGNATUR	deceased alive on	700		ids dedili accorre	eu uin	i, irdin cooses	22b. DATE SIG	
220. 313112101	7 1 11-1.	Zaul.		ATTENDING M.D. PHYS.	MED	STAFF DHYS	1	NED
22c PHYSICIAN	Som H.	sugay		22d ADDRES		D FAILS C	- 1	
NAMETY	θ)	00						
230 BJRIAL, CREMAT	ION, 235 DATE THE	REOF 23c	NAME OF CEMETERY	OR CREMATORY	23d 10	CATION (City or To	wn) (Count	y) (Stote)
REMOVAL (Speci		67	Cedaf H	111		itland		
24 FUNERA, DIRECT	OR		ADDRESS	250	REC D BY REGISTR	RAR 2Sb RE	GISTRAR S SIGNATU	JRE
Hee H	uneral Hom	le h	lashingto	n, D.		967 00	limites &	udge.
						THE SECTION SE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 14 hours after datath. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 And shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and sa any event, within 72 haurs after legi VR A15 (4) 25M 1/67



FOR STAT HEALTH DB necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 shauld be farwarded to the Medical Examiner's Office along with farm PM3 Page. any delay is 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File pages land2 with the State Department at Health priar to bunal, crematian, or remaval, and in any event within 72 haurs after death.

TO DEPUTY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If

	DIAISION (OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMU	RE, MARYLAND 21201				
	07078	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	07059			
	PLACE OF DEATH a. COUNTY			here deceased lived, if institution				
	Prince George Is	S MARYLAND	o STATE Maryland	b county Prince	e George's			
	b CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outs	ide carparate limits, write RURAL	and give nearest town)			
	Riverdale		Riverdal	е	16.1			
	d. NAME OF HOSPITAL OR INSTITUTION (If not	t in haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	6703 Goodluck Road		6703 Goodluck Road					
3	NAME OF FIS	sl Middle	Last	4 DATE Manth	Day Year			
	(Type or print) Joseph	h Murgatrovd	Dolbey	OF DEATH 5	7 19 67			
S	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS			
	Male White	WIDOWED DIVORCED	21 June 1884		Politis Duys Hours Mit			
100	a USUAL OCCUPATION (Give kind af work dane ring most af working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State a		12 CITIZEN OF WHAT COUNTRY?			
uuş	TOOL MAKEL	ERCO CORP	ENGLAN	D	LIS A			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA					
	UNKNOWN		UNKNOW	N				
IS.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates of	16. SOCIAL SECURITY NO 17	INFORMANT	Address	DLUCK RD,			
f.,	N=	579-03-2124 MR	S. WALTER MAI	PIK_EAST_RIV	VERPHLE IN D			
	18. CAUSE OF DEATH (Enter only one cous PART 1 DEATH WAS CAUSED BY				INTERVAL BETWEEN ONSET AND DEATH minutes			
		10 Arteriosclerotic h	eart disease		over 3 mo.			
	Conditions, if any, which gave	(h)	caro discasc		Over 5 mo.			
	nse to immediate cause (a), DUE 1	TO TO						
	1	(c)						
NOW	PART II OTHER SIGNIFICANT CONDITIONS CO	OMTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO SX			
CERTIFICATION	20g EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	irt I or Part II of item 18)	113 - 114			
MEDICAL	20c. TIME OF WHIRY Month, Day, Year Hour a.m. p.m 19		CE OF INJURY (Hame, farm, tary, street, affice bldg, etc.)	201 (City or town)	(County) (State)			
	21. I certify that I taak charge	of the remains described above, he	eld an Autapsy 🔲,	Inspection 🔼 , Inquiry	y 🗷, and in my apinian			
	death resulted fram Naturo	Kauses 🕱 , Acquent 🔲 Suic	ide 🔲, Hamicide [ner 📄			
	ACTUAL /	PX // n	CHIEF MEDICAL E	XAMINER				
	SIGNATURE_	121	M D ASSISTANT MEDIC	AL EXAMINER	22. DATE SIGNED			
	EXAMINER'S NAME (Type) Jøhn/Kehoe, I	M.D. Riverdale, Md.	DEPUTY MEDICAL Address (Street,	EXAMINER city, tawn, ar county)	5-8-67			
230	BURIAL, CREMATION 7 1 236 DATE THE			23d LOCATION (City or Town)	(County) (State)			

MARYLAND STATE DEPARTMENT OF HEALTH

VR A 15ME (5)

230 BURIAL, CREMATION
REMOVAL (Specify:
REMATION
24 FUNERAL DIRECTOR

REC D BY REGISTRAR 25b 1967

BLADEN98

CREMATORY

23d LOCATION (City or Town)

REGISTRAR'S SIGNATURE

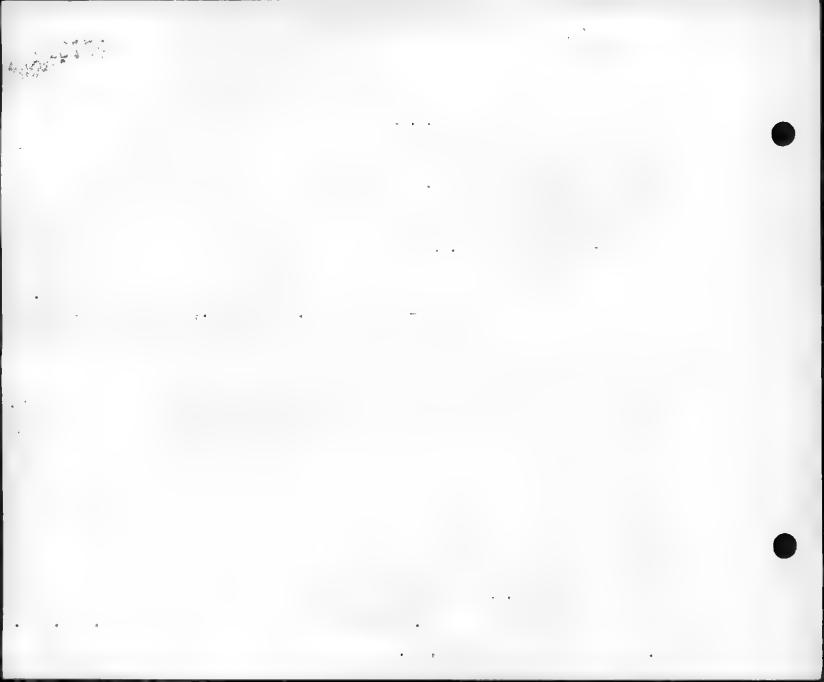
(State)

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

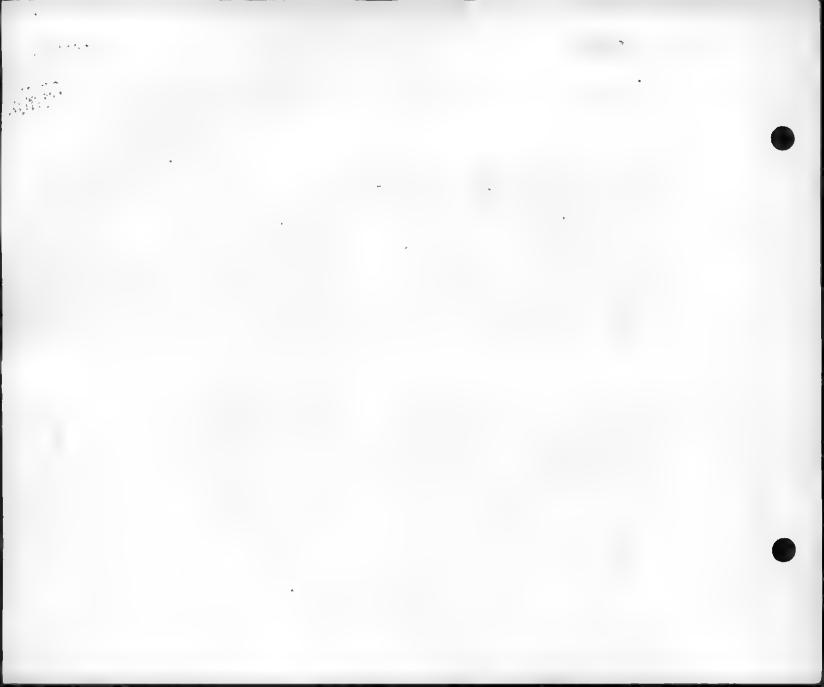
FOR ST	ATEZ		0707	3	MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEATH			070	160
EALTH .	DEY I.		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed			e before o	dmission)
ge to	9		COUNTY	ince Georg	e's	MA	RYLAND	o. STATE Mary	vland	b (OU	NTY Pri	nce	George 1
delay 15 and 3 to 83. Page	t e		CITY OR TOWN (If	outside corporate mit		C LENGTH OF STAY		c CITY OR TOWN (If or	·	limits, write RU			-
y del	E	1	Riverdale	give nearest town)		D.O.A.		Hyattsv	11e		,,	,	
- 64	Dd.			L DR INSTITUTION (If no	nt in hasnital i			d STREET ADDRESS	1110		16	-	S RESIDENCE
F - E	, De			Leland Mem		OF .		2801 Nic	chalean	Street		YES	ON A FARM?
hours after death 1f Item 18. Give Pages 1, Office along with farm	the State Department	2	NAME OF		rs†	Middle		Lost	4. DATE	Mon			
after death 8. Give Pagi along with	S A		DECEASED	Lorin	137	H.	1	rennan	OF	May	ш	Doy 5	Year 19 67
Per Sive		5	Type or print)	6 COLOR OR RACE	7. MARRIED	NEVER MARRI		B DATE DE BRIS	DEATH	GE (In years	I IF UNDER 1	-	UNDER 24 HRS
aff 8. (alo	with	'								ost birthdoy)			Hours Min
hours tem 18 Office	pages land2 urs after death	10-	Male	White		DIVORC	בט 🗀 ב	29 Mat 1903		3 yrs	10 (17)	721 05 11	114.7
hours Item 1 Office	lan r d	100 άμζι	ng most of working li	(Give kind of work done te even if retired) Electro ty	100. KI	IND OF BUSINESS OR DUSTRY S. Gov't.		11 BIRTHPLACE (State	or roreign coun	rry)		IZEN OF W JNTRY?	
24 in ir's	offe			Electro ty	pe U.	S. Govit.	<u> </u>	Ohio				Y	es
within pencil camine	pag ITS (13	FATHER S NAME					14 MOTHER'S MAIDEN					
within pencil xamine	hau			Unknow				Unknov	vn				
pa -E -E	t. F			IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17	NFORMANT		Addr	ess Poto	mac,	Md.
d "pending" in pencil is Chief Medical Examiner	transit permit. File pages Tand 2 w event within 72 haurs after death.	110	No	If yes give wor or dotes	3	75-01-2500	Lo	rin H. Drem	non Jr.	11805	Milbe	rn. D	rive
exe ndi Me	ĕ ⊅			ATH (Enter only one cou	ise per line for	(o), (b), ond (c).)						INTERV	AL BETWEEN
ie f	burial-transit any event		PART I DEATH	I WA'S CAUSED BY IMMEDIATE CAUSE	(o) Mass	sive hemon	rhage	9				miriu	tes peath
			5310	DUE	1-7								
shamilia ward the C	in any	1	Conditions, if ony,		(b) Oeso	ophageal y	aric	es				unkn	own
to to	=	Ш	rise to immediate stating the underl										
ing ded	as a and	П	last	15	(d) Cir	rhosis of	live	c				over	5 yrs.
vritt vritt		-	PART I OTHER SIG	N F CANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO	THE TERM NAL DISEASE (O	NDITIDN G VEN I	N PART 1,0)		19 WA	AS AUTOPSY REORMED?
This certificate shall cate, writing the war se farwarded ta the	be used removal,	CERTIFICATION										YES	NO X
	l be	EIG.	20o. EXTERNAL CAU		20b DE	SCRIBE HOW INJURY	OCCURRED	(Enter nature of injury in	Port I or Port II	of item 181			
0	should in, or r	ŒRT	PRIMARY DI CON CAUSE OF DEATH.	TRIBUTING 🖂				,		,			
ERR Cert		MEDICAL		RY Month, Doy, Year	20d 1	NJURY OCCURRED	20e PLA	CE OF INJURY (Home, form	n. 20f f	City or fown)	(Cou	ntv)	(Stote)
E 4 =	Page 3	MEDI	Hour om	19	While	Not While		ory, street, office bldg., etc			(000)	,,	(51010)
ecute Page	Page		pm		ot wor						. [=]		
Per Por	CTOR: urial,							ld an Autopsy 🔲,			υiry 🕱.	and in	my apinion
ctar ctar			death resulte	ed from: Natura	al couses 🛭	Accident], Suic	ide 🔲, Hamicide		etermined in	nanner 🔝		
Mens eas dire	# # #		ACTUAL	Λ	// 9	V 11	20	CHIEF MEDICAL	_			22	DATE SIGNED
			SIGNATURE	- Jack	m/	1800	7	— '' P	DICAL EXAMINER			44.	DAIL MONED
SSary, I funeral	E E	Н	EXAMINER'S	///	n Da		fo1 e	DEPUTY MEDIC					
necessary, in the funeral stands and the funeral stands and the stands and the stands are stands a	FO FUNE Health	22-	BURIAL, CREMATION	n Kehoe M.	D. KI	verdale, P			t, city, town, or	(OUNTY)		17 3	15
o e f	0 ± ~	230	PEMOVAL (Specify)	8 May		Ft: Lin		الافتاد مستوالا		,		(County)	(Stote)
	CR	2.0	FUNERAL DIRECTOR		1907	ADDRESS	COIN	25.000	D BY REG STRAR	ar Mano		• Geo	. Md.
VR A15	5ME (5)			& Sons, Hya	ttevil			DMAY			EU STRAR S SIG	1 Jus	400
G/W		1 1	· demont	a would life	TANDATT	TO LIVE		D WAR LUFT IN	V N	UI //		(1)	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07080 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY Prince Georges MARYLAND = Maryland Prince Georges b CITY OR TOWN (If autside corparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly 31 minutes Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 6152 Springhill Ter. Apt Prince Georges General Hospital DECEASED 4EXIS 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH last birthday) WIDOWED White May 18, 1967 Male 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

13. FATHER'S NAME James Capers Emerson 17. INFORMANT (Yes, na, grynknown) (If yes give war or dates af service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. LTELECTA95 IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave 3 rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form 20c TIME OF INJURY Month, Day, Year 20d IN. JRY OCCURRED 20f (City ar town) (County) (State) factory, street, affice bldg , etc.) Nat While of work 21. 1 certify that (I) (1987) attended the deceased from May 18, , 1967, to May 18, , 1967, that (I) (1982) last saw the deceased alive an May 18 1967, and that death occurred at 3:30 PM, fram causes and an the date stated above 22b. DATE SIGNED MED.
DIRECTOR 22d ADDRESS Louis H. Moody, Jr., M.D. Prof. Bldg. Greenbelt. Maryband 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death paper bin 12 TO FUNERAL DIRECTOR: director, poge should be filed



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please recoversation papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0708	•			CERTIFI	CATE	OF DEATH	1			07089)
1.	PLACE OF DEATH					1	2. USUAL RESIDENC	E (Where deco			sidence before adi	nissian)
	Prince	Georg	te		MARY	LAND	a. STATE Mars	vland	b. co		e Gaore	e_
	b. C.TY OR TOW! write RURAL	V (if outside o	corporate lim	its,	LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If	outside corp	orate limits,	write RURAL	and give hearest	town)
	Green	nbelt	TITUTION OF	not be been	ilial also de sal s	24	Mt. Rand	ier		16	e, IS RESI	DENCE
			_		oltal, give street a	aaress)					ON A FA	ARM?
0	Green b	<u>elt Co</u>		sant	Center	1	3406 New			3		иоП
3.	OECEASED (Type or print)	377	First		Middle		Last	4. DATE DF DEATH	Moi		Day Year	
5.	SEX	6. COLOR OR	RACE TO M	ARRIEO	LOUISE NEVER MARRIE		Engel DATE OF BIRTH		Mav AGE (In year	1 (s IFUNDER I	YEAR IF UNDER	
1	Female	Whit	7, 111	DOWED [-			1891	last birthday		Days Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind	of work done	10b. KIN	D OF BUSINESS OF		Oct. 16				IZEN OF WHAT	
	ing most of working to the contract of the con		r retired)	טאו	USTRY		D. C.			ט".	S.A.	
13.	FATHER'S NAMI						14. MOTHER'S MAID	EN NAME				
	William							Burri				
	WAS DECEASED E				CIAL SECURITY NO	17.	INFORMANT		Add	ress		
							rs Evelvn	Green	1e			
		DEATH [Enter ATH WAS CAU		se per line	for (a), (b), and (c	:).]	n ,				INTERVAL BET	
		IMMEDIATE	CAUSE (a)	/1	relastify	<u> </u>	arcinona				- 7 mon	the.
	Conditions, If any, which I					1 11.0.				6 m	tl.	
	gave rise to	Immediate ((b)		warm	1 4	ory jeur	79			0 1117	
	cause (a), sta underlying cause		DUE TO (c)			O		′				
<u>S</u>				ONTRIBUTI	NG TO DEATH BUT?	NOT RELA	TED TO THE TERMINAL D	ISEASE CONE	OTTON GIVEN	IN PART 1(a)	19. WAS AUT	
S												10 X
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLY NG CAUSE IFY MEDICAL	ING [] OF DEATH EXAMINER)	20b. DE	SCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	Injury in Pa	rt i or Part I	of Item 18.)		
S	20c. TIME OF I		ı, Day, Year	20d, INJ	URY OCCURRED		E OF INJURY (Home, fa		City or town)	(Cour	ity) (Si	tate)
MEDICAL	Hour a.m p.m		19	While at work	Not While	120101	y, su eet, onice olugi, e	,				
_	21. I certify	that (I) (th	is hospital)	attended	the deceased f			96 4 to_	5-10	, 196	Z, that (I) (w	e) last
- 1	saw the dec	7 1	on5	-5	196/, 8	and that	death occurred at	M, fro	m the cause		e date stated	above.
	22a. SIGNATUR	maly	L ()	Edge	en	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	220. DA	TE SIGNED	
	22c. PHYSICIAI NAME (Ty	Pe) DON	ALD	2.	EDGKEN	/	22d. ADDRESS	7500 E	will,	me.	hway	- Service - Company
	BURIAL CREMA BURIAL Spe		DATE THERE -13-67		23c. NAME OF CI Fort Lit		or crematory n Cem.	25d, LQ	Lmar 1	town or cou	Md. (Sta	ite)
24.	FUNERAL DIREC				ADDRESS			D BY REGIS		REGISTRAR'S		
	Lee Fu	neral	Home.	Was	hington,	, D.	C. DAMAY	15 18	367 /	Marce	Judge	

VR A15 (4)

Carl H

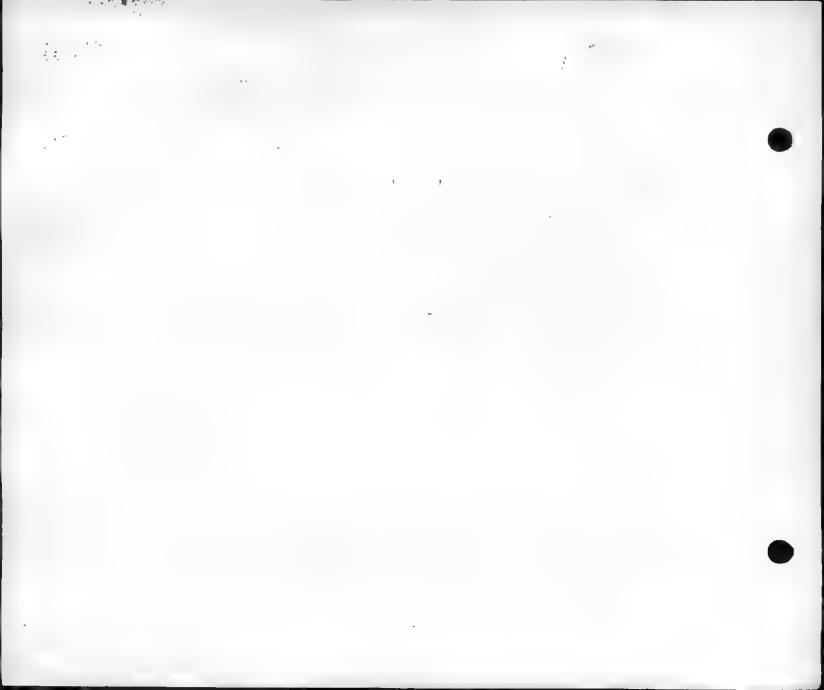
1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07082	CERTIFICATE	OF DEATH	07063						
1	PLACE OF DEATH o. COUNTY Prince George		o STATE Mary	land b. COUNT	I Timee George					
/	b City OR TOWN (If outside corporate limits, write RURAL and organization)	c LENGTH OF STAY IN 36	c CITY OR TOWN (If outside College 1	le corporate limits write RURA Park	l and give nearest fown)					
•	d. NAME OF HOSPITAL OR INSTITUTION (If not in he Madison Manor Nursin		d STREET ADDRESS 5815 Swarthmore Drive e is res on a yes							
	3. NAME OF DECEASED (Type or print) Rachel	(NMN) E	Evans 4	DATE Month OF May	30, Year 67					
	777		8 DATE OF BIRTH May 27, 1870	1 1 1 1 1 1	IF UNDER 1 YEAR 1F UNDER 24 HRS Months Doys Hours Min					
d	100 USUAL OCCUPATION (Give kind of work done duppa most of working life Total (Legited)	HOSPital	13. BIRTHPLACE (County & St England	tote or foreign country)	12 CIT ZEN OF WHAT WOUNDSTIgland					
	James Wescott Smith		14 MOTHERS MAIDEN NAME Rebecca ?							
	S WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yes, no, or unknown) (If yes give war or dates of servi	16 SOCIAL SECURITY NO 17 1 220 4671062 M								
	18 CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) O Conditions, if ony, which gove (b), stoting the underlying couse (O),	line for (o) (b), and (c)) ENERALIZED	ARTERIO SC	LEROSIS	INTERVAL BETWEEN ONSET AND DEATH					
4	Dist. Col PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PERFORMED YES NO.									
	OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Por	or Port II of Item 18)	113 110					
	20c TIME OF N.JRY Month, Doy, Yeor Hour a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg , etc.)	20f (City or town)	(County) (Stote)					
	21. I certify that (I) (this haspital) attended the deceased fram MAR. 13, 1961, to MAY 30, 1961, that (I) (we) last saw the deceased alive an MAY 30, 1962, and that death accurred at 11:35 PM, from causes and an the date stated above.									
	220 SIGNATURE J. Barrman M.D. ATTENDING DIRECTOR DISTAFF DIRECTOR									
1		VMAN, M.D.	22d. ADDRESS 4621-	18TH ST.	, N.E.					
	230. BURIA., (REMATION, BEMOVAL (Specify) 6/1/67	23c NAME OF CEMETERY OR Ft. Lincoln		23d LOCATION (City or Town	or P.G. Md.					
1	Francis Gasch's Sons	Hyattsville, Md.	2So. REC'D B'	100	Lioneles Judge					

TO FUNERAL INRECTOR: After this certificate has been signed by the attending physician and eampletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, one intermetery within 72 hours after death. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



FOR

the State Department of

necessary, please execute the certricate, writing the word "pending" in pencl in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit File pages land 2 with Health prar ta bunal, crematon, or remaval, and in any event within 72 haurs after death.

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

y delay :s

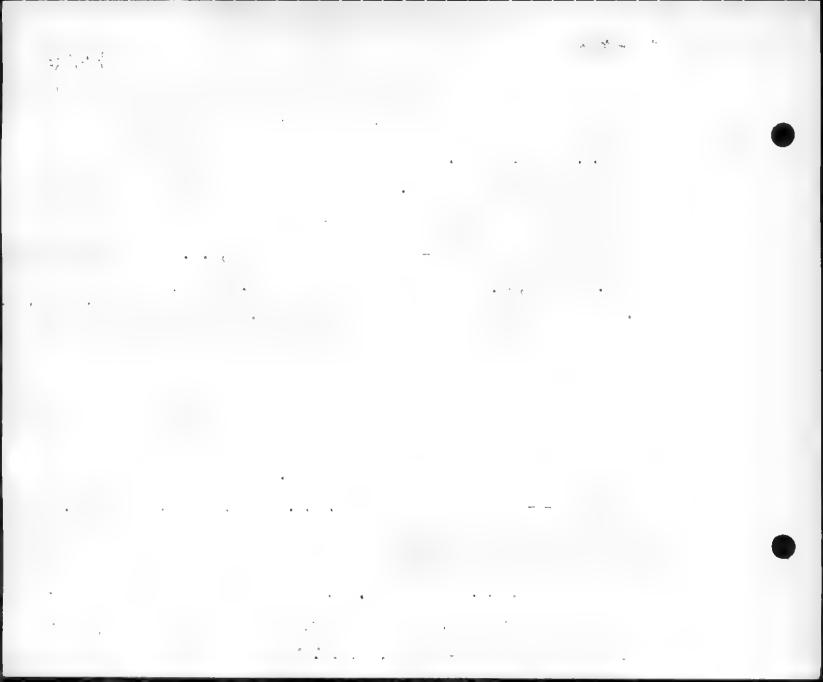
MEDICAL EVAMINED'S CEDTICICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MMAGA

7708	i d	ACAL LAAMINER 3	CERTIFICATE C	JE DEATH	U7U04
1. PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived, it instit	rution: Residence before admission)
	nce George's	MARYLAND	Marvland		ince George's
b CITY OR TOWN	(f autside corparate imits, and give nearest tawn)	C LENGTH OF STAY IN 16		utside corporate imits write F	
	nd give nearest town)				11-1
Bowie	ITAL OR INSTITUTION (If not in haspital,	<u> minutes</u>	d. STREET ADDRESS		T & IS RES DENCE
		give street dodress)			ON A FARM?
	R. Tracks, Zug Rd			check Lane	YES NO T
3. NAME OF DECEASED	First	Middle	Lost	4 DATE Mo	onth Day Year
(Type or print)	Marie	В.	Everett	DEATH	5 3 19 67
S SEX	6 COLOR OR RACE 7 MARRED	NEVER MARR ED	8 DATE OF BARTH	9 AGE (In years	IF UNDER 1 YEAR FUNDER 24 HRS
Female	White W DOWED	D VORCED	9-19-1924	lost birthday)	Months Days Hours Min
10e USUA, OCC. PATIO		(IND OF BUSINESS OR	11 B RTHPLACE (Stote		12 C.T ZEN OF WHAT
during most of working	g life, even if retired)	NDUSTRY	,	9 17	COUNTRY?
HOUS FW 13 TATHER'S NAME	IFE H	OME-MAKER	WASHING	CON, D. C.	United State
13 FATRER S NAME			14 MOTHER'S MAIDEN	NAME *	
BOY S	BRIDGES SR.		CALLE	E.BRIDGES	
TO MAY DELEVATOR	ED IV II C ADMED FUNCESS I Y	SOCIAL SECUR TY NO 17	INFORMANT (hust	pand) Adi	dressLane,Bowie,Md
(Yes, no, at unknown)	(If yes give war ar dates of service)		ENJAMIN L.		Olo MAYCHECK
	DEATH (Enter only one cause per line fo		THING WEST IN THE	TA DICETT TY	INTERVAL BETWEEN
	ATH WAS SAUSED BY	r 10 C 10 C 11 1			ONSET AND DEATH
0793	IMMEDIATE CAUSE (a) Tot	al injuries			
7///	DUE TO				
Conditions, if an					
rise to immedia stating the und					
last	(c)				
DADT II OTHER S	GON FICANT CONDITIONS CONTRIBUTING	TO DEATH D IT NOT DELATED TO	THE TERM NAT DISEASE CO	NUD T ON C VEN IN DADT IN	YZGCTUA ZAW PL
S TAKI II. VIIICK	MONTHCANT CONDITIONS CONTRIDENTIA	TO DEATH DOT NOT KEEKED TO	THE TERM HAT DISEASE CO	AND TON O THE REPART (U)	PERFORMED?
200 EXTERNAL C					XE ON SAK
200 EXTERNAL C	AUSE WAS 20b D	ESCR BE HOW INJURY OCCURRED	(Enter nature of in ary in	Part I or Part I, of tem 1B)	
		uck by Railros	d train		
20c TME OF N	LRY Month Day Year 20d	NURY OCCURRED 20e P.	ACE OF INJURY (Home for	m 20f (City or town)	(County) (State)
Hour o	m Whi	e hat While Penr	ctory, street, office bldg , etc)_	
5: LYDILP	m 5-3- 19 67 at wa	tk 니 atwark 형 Penr	a. R.R. Tra	cks, Zug Rd.,	Bowle, Md.
21 I certi	fy that I took charge of the re	moins described above to	ield on Autopsy [],	Inspection 🔀, In	quiry 🔀 🧻 ond in my opinion
deoth resu	Ited from: Notural couses [Actident Su	rcide 🗓 , Homicide	Undetermined	monner 🗌
		V	CHIEF MEDICA	L EXAMINER	
ACTUAL SIGNATURE	DITTUS 1	122	M D ASSISTANT ME	DICAL EXAM NER	22. DATE SIGNED
	110			AL EXAMINER P	
NAME (Type)	ohn Kehoe, M.D.	Riverdale, h		et aty town ar county,	5-4-67
23g BURIA, CREMAT		7 23 NAME OF CEMETERY OF		T 23d 10:AT 5N dy or	
					[/
REMOVA. ISpecif		National Me	morial Par	ck Falls Cl	nurch Virginia
24 FUNERAL DIRECT	DESCOURT (I. ALL				
Hysong	s Pun eral Hone	-1360 N.St,	N.W. DATE	AY 8' 1967	Milarles Juage.

VR A15ME (5) 6M 1/67



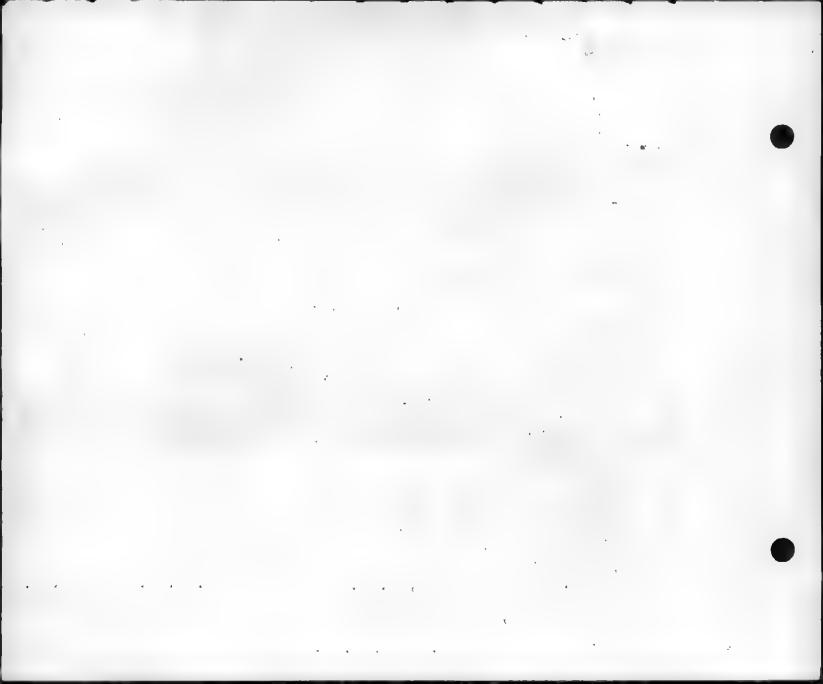
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		07084 CERTIFICAT	E OF DEATH	-08560
	1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)
		PRINCE GEORGES MARYLAND	a. STATE B. COUNTY PRINCE	GEORGE
1		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA)	L and give nearest town)
1		RURAL 91110.	RURAL - WASHINGTO	N, 15 -10.1
1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
¥.		2405 DELORAINE CIR.	12405 DELORAINE CIR	YES NO X
Л	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
1	6	(Type or print) // // // / / / / / / / / / / / / / /	FEENEY DEATH MAY	3 19 67
	Э,	14 A	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
1	103	USUAL OCCUPATION (Give kind of work done) IDb. KIND OF BUSINESS OR	LAN, 23 1904 65 yrs.	TITCH OF WHAT
1	duri	ng most of working life, even If retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. C	OUNTRY?
	12	KETIRED POLICEMAN	NEW YORK	USA.
	10.	THOMAS E EEEA/EV	14. MOTHER'S MAIDEN NAME	. /
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	У
Ì		me as unlawn) ((ffree line was as detected)		g manufa
	-	NO NEW PROPERTY FERRAL POLICE OF SERVICE OF 1 - 20 - 2658 A	GNES FEENEY-WIFE ABOU	
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), a PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (a)	und ,	1400m
		Cenditions, If any, which	l hullutes	Heladare.
		gave rise to immediate	The state of the s	11-1-1-1
		cause (a), stating the underlying cause last.	ture Admin 1	4henr
	NO.		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
.,6	CERTIFICATION	Varalete melleting of	Purled Doureum.	YES NO
	RELE	208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED Enter nuture of injury in art I or Part II of Item 18	3.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Co pry, street, office bldg., etc.)	unty) (State)
	MED	p.m. 19 While Not While	1	
1		21. I certify that (I) (this hospital) attended the deceased from O	Febr. 1863, 18/16y -31, 196	Z, that (1) (we) last
1		saw the depeased alive on Musy 25 1967, and that	t death occurred a AMM, from the causes and on t	
		22a. SIENAME		BATE SIGNED
		22c. PHYSICIAN'S W M.D. M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 1 22d. ADDRESS	
		NAME (Type) E. Stuart Lyddand, M. D.	3066 Que St. N. W. We.	sh, D. C.
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		ounty) (State)
		Burial June 1,1967 Sts Peter&P		York
	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	L'S SIGNATURE
		oseph Gawlers Son's Inc. Wash, D.	. C. DATEIN 7: 1967 Cleans	o Judges

VR A15 (4) 20M 1/65



2, and Page State Department of delay along with farm pencil in Item 18 Give Pages 1, necessary, please execute the certificate writing the wara pending in penal in Item 1 the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office u currat-transit permit. File pages Lond in any event within 72 hours after deal 0 3 shauld be used burial, cremation, ar remaval, please execute the certificate 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to bund, cremal

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Resid PLACE OF DEATH o. COUNTY b COUNTY Prince George s

b CHY OR TOWN (1 outside corporate limits,
write RURAL and give nearest town) Maryland Prince George's C LENGTH OF STAY N 16 c CITY OR JOWN (If outside corparate limits, write RURAL and give nearest town) Cheverly DOA Hyattsville d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 50 Prince George General Hospital 3909 Nicholson Street 3 NAME OF 4 DATE Middle DECEASED (Type or print) DEATH Forrest Ferguson S SEX 7 MARRIED B. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED Months lost birthday) Dovs WIDOWED DIVORCED Male White
100 JSUAL OCCUPATION (Give kind of work done 6 April 1940 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NEW JERSEY U.S.ARMY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LAURA JACOBS FERGUSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO SAME AS 742 DIANA FERGUSON (Yes, no, or unknown) (If yes give wor or dates of service 153-30-641 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (0) Carbon monoxide intoxication Conditions, if ony, which gove nse to immediate couse (a) DUE TO stating the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES SE NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY TO CONTRIBUTING CAUSE OF DEATH Thhaled carbon monoxide in garage at home.

20d INUDRY OCCURRED 7 20e PLACE OF INJURY (Home, form, While Not While forcory, street, office bidg, etc.)

Myattsviille, 20c TIME OF INJURY Month, Doy Year Hyattsviile, Md. 19 67 While Not While 5 3909 Nicholson St. Garage 3.00mpm 5-22-21. I certify that I taok charge of the remains described above, held an Autapsy Inspection , Inquiry , and n my apintan Aceident Ix Suic de Indetermined manner death resulted from Natural causes Homicide -CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER -NAME Pype) John Kehoe, M.D.

BJRIA (REMATION 23b DATE THEREOF Riverdale, Md. A Address (Street city town, or county) 23d LOCATION (City or Town) ARLINGTON NATIONA

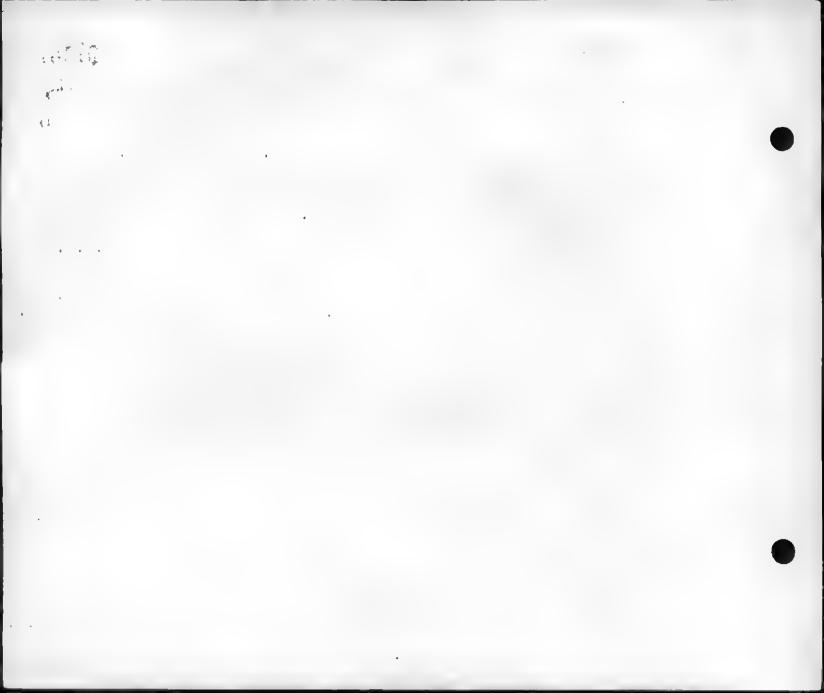
VR A 15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH IL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21

DIAIDIM OF AL	TAL RECORDS, 301 W. PRESTO	M SIKEEL, BALLIMU	KE, MAKTLAND 21201	
07086	CERTIFICATE	OF DEATH		07066
Place of DEATH Prince Ge	orge's		there deceased lived, if institution	
Montgometry	MARYLAND		land & b COUNT	Montgomery
b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	C EITY OR TOWN (If ou	tside corporate i mits, write RURA	L and give nearest town)
Cheverly		Sil.	ver Spring	1 - 1
d NAME OF HOSPITAL OR INSTITUTION (If not in no	spitol, give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Prince Georges		4	Hampshire Av	e. YES □ NO 🔀
3 NAME OF First	Middle	los†	4 DATE Month	Doy Year
(Type or print) HARRY		NKELSTEIN	DEATH May	9 1967
		Nov. 26,1	9. AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
MOTE WILL CO.	106 KIND OF BUSINESS OR		State, or foreign country)	12 CITIZEN OF WHAT
during most of working life, even if retired) RESTAURANT OWNER	INDUSTRY	New Yor		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
MAX FINKELSTEIN		JENNIE		
15 WAS DECEASED EVER IN J S ARMED FORCES? (Yes, no, or unknown) (Iff yes give war or dotes of service	16. SOCIAL SECURITY NO. 17. I	NFORMANT Wife	Address	8500 N.
(185, 110, or originally) (11 yes give war or dotes or service			nkelstein, Ha	ampshire Ave.
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.	line for (o), (b), and (c))	Mures	O-cebe	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- 0100,000		CLECKY (
Conditions, if ony, which gove	Alexander le sec	Verositona.	10 Sent De	luno
nse to immediate couse (a),		//	7	7
stoting the underlying couse (c)	Diaheto 9	nellison		dus.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
GR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in I	Port or Port II of item 18)	
		CE OF INJURY (Home, form ory, street, office bldg., etc.)	, 20f (City or town)	(County) (State)
21 certify that (1) (this haspital)	attended the deceased from C	CX-10 1	966, to may F	, 1967, that (I) (we) la
saw the deceased alive an Thin	45 P 1967, and that	death accurred at	1020 DM, fram couses a	nd an the date stated above
220 SIGNATURE		4777 UDINO	22472	22b DATE SIGNED
Distore Ale	culman Mo	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS	5-10.67
22c PHYSICIAN'S NAME (Type) / SIDORE	SHULMAN	22d ADDRESS	19 8h 1 TN	w 2~
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C ty or Town	n) (County) (Stote)
REMOVAL (Specify) 5/12/6	7 Old Montefic	ore Cem.		ng Island, N.Y.
24. FUNERAL DIRECTOR	ADDRESS 3501 -	1.4.th 250 REC'D	BY REGISTRAR 25b REGI	STRAR S SIGNATURE
Bernard Danzansky &	Sons St. NW. Was	Sh. DC DAMAY	1 5 1967 10	carles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and Completely filled in by the funeral director, page 3 should be detoched for use as the buriof tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriof, tremotion, or removal, and in any event, within 72 hours after deat - Page 4 may be retained by the hospital or ottending physician.

VR A15 [4] 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07087

1	7	an	7
ence	pefore	odiffis	ian)

NO XXX

	0100			EKHIFICATE	OF DEATH			-0.76	167		
	PLACE OF DEATH			1	2. USUAL RESIDENCE (W	here deceased lived,		dence before o	idmission)		
	PTIMCe G	eorges		MARYLAND	o STATE Mary Land		b_county Prince	George	es		
		f outside cosporate limit	, c. LENGTH	OF STAY IN 16	c CITY DR TDWN (If outs	ide corporate limits,					
	Cheverly	I give nearest tawn)	3-1/2	days	Greenbelt			16.1			
(, NAME OF HOSPIT	AL DR INSTITUTION (If no	t in hospital, give street ad		d STREET ADDRESS			e. J	S RESIDENCE		
	Prince G	eorges Gene	ral Hospital		45 D Ridge	Road			ON A FARM?		
	NAME OF		Will be a second of the second	ıddle	NX (First		Month	Doy	Year		
	Type or print)		kelstein.	-]	Morris	OF DEATH	May	19.	1967		
0	EX	6. COLOR OR RACE	7 MARRIED R NEVER	MARRIED 8	DATE OF BIRTH	9 AGE (II		ER I YEAR IF	UNDER 24 HR		
M	ale	White	WIDDWED	DIVORCED	4/15/90	77 51	rthdoy) Month	s Doys I	Hours Min		
00	USUAL OCCUPATION	(Give kind of work done	10b KIND OF BUSING	SS OR	II BIRTHPLACE (County &	State, or foreign cour	ntry) 12	CITIZEN OF W	HAT		
Uri	ng most of working Tailor	ille, even it retired)	INDUSTRY	othing	Russi	a		COUNTRY?	SA		
13	FATHER'S NAME				14 MOTHER'S MAIDEN NA	ME					
	unknown				unkno	רנאים					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? If If yes give wor or dotes o	16, SOCIAL SECUR	TY NO 17, IN	IFORMANT		Address 45	-D Ridg	ge Rd.		
(i.e	No	(ii fes give wor or doles o	062-05-7	436A Es	ther Gerson,	Daughte		belt, 1			
	18. CAUSE OF DI	ATH (Enter only one cou	se per line for (o), (b), ond		(1			INTERV	AL BETWEEN		
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) CEREBRA VAS CULOR her Crollege Suse and PEARLY											
	.33/X	DUE	TO	1 11	1 2 2 1	/			1		
	Conditions, if only rise to immediat		(b) Cerely	1 Start	enrock	esthe	4	91	-e 4.		
	stoting the under		TO								
	last.		(c)								
ATION	PART II. OTHER ST	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE PERMINAL DISEASE COND	T ON GIVEN IN PAR	RT 1(o)	19 W. PE YES	AS AUTOPSY REORMED? NO 🛣		
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIBE HOW I	NIURY OCCURRED (I	Enter noture of injury in Po	or Part II of te	(Bf m				
MEDICAL	20c TIME OF INST Hour our	10	20d INJURY OCCUR! While Not What work of work	ite forto	E OF NJURY (Home, form, ry, street, office bldg, etc.)	20f (City of	r town)	(County)	(Stote)		
	21 / certi	hat (I) (this shows	struck attended the de	ceased frage	, 19	19 Ma	y 19, , l	9 <u>67</u> , that	(1) (3926) (
		eleased plive an	197/19	and that	death accurred at 1	2:10M, fram			stated abo		
	220 SIGNATURE	10/11	llerlell	PHYS ZZZK D		AFF	DATES GNED	17			
	22c PHYSICIAN'S NAME (Type)	William	C. Weintraub,	M. D.	Prof. Bldc.	Greenbe	lt, Marv	land			
23 q	BUR AL CREMAT O		REOF 23c NAME	OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County)	(Stote)		
	PEMOVAL (Specify	0-21		7. Mes	n. Pack	Talls	Churc		1/2.		
24	FUNERAL DIRECTO	R	ADD	RESS		BY REGISTRAR	2Sb. REGISTRAR				
el	oldber	Burreal	Home: 4217	951	M. MAY 2	3 1967	Clean	by Judy	g.e		
	0			7 = 1	88311		H	U V			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 24 haurs aftm death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

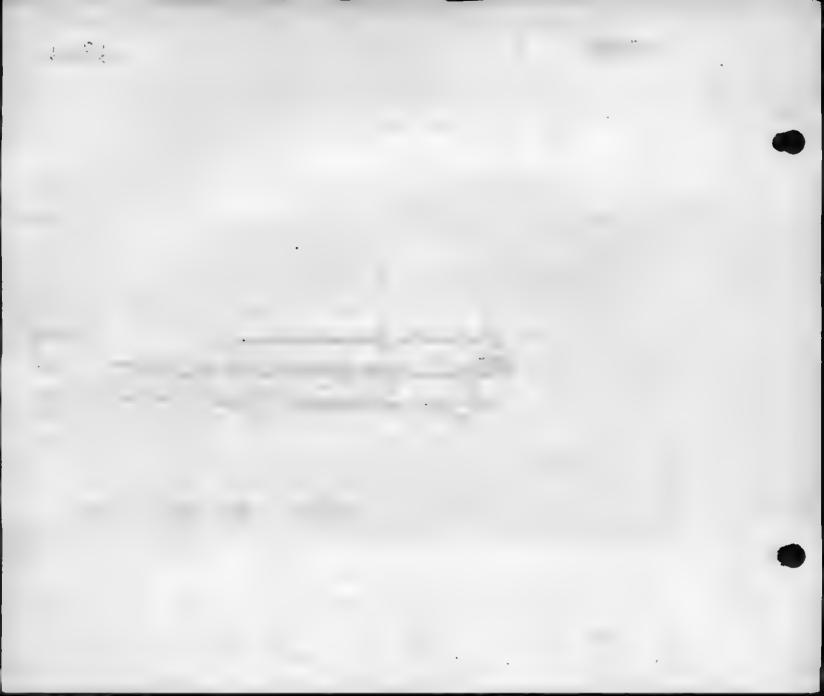
TO FUNERAL DIRECTOR: Aber this serviticate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, germanion, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ı	07088	CERTIFICA	TE OF DEATH	A Propo
	1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Where decreesed lived, if instituti	on Resigno Serore edmission)
	Prene	Range MARYLAND	. STATE b. COUNTY	2 (1
	b. CITY OR TOWN (if outside corp. write RUB/IL and give nearest	orate Lithits. LENGTH OF STAY IN 16	c. CITY OR TOWN It outside corporate limits, write RURA	Land give nearest town;
	Karen s		Laurel	
	d NAME OF HOSPITAL OR INSTIT	UTION fit not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	109 2 md	St	109 2ml St.	YES NO
	3. NAME OF DECEASED	First Middle	Last 4. DRTE Month	Dey Year
à	(Type or print)	rela Caula 1-	rable DEATH Max	4 2 1967
}	5. SEX 6. COLOR C	OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in year) IF UNI	£
	Fu	WIDOWED DIVORCED	Feb 28 1889 78 yrs. Moral	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind done during most of working life, eve		RY II. BIRTHPLACE (County & State, or fora gn country) 12.	CITIZEN OF WHAT COUNTRY?
	Housemi	Le Name	Laurel Mid	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-
	- Jan	rest tederline	Drances Shipley	/
	15. WAS DECEASED EVER IN U.S. AR		ANFORMANT L	1 /2 1
	NE		1. M. Jisher Laule	I Md.
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (c).	-	ONSET AND DEATH
	IMMEDIATE C	AUSE (a) John Olice por	elusara-	3 dogs
	31X	DUE TO COAFE.	1. (* 0. \	- au
i	Conditions, if eny, which	(b) Cello rollo	seelarveere	J. The
	(a), stating the underlying	DUE TO	+0. 1-6.5	11.41
	causa last.	(c) pyperlip	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART IGNI 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	20a. ACCIDENT WAS UNDERLYI	NG C	FD 47	YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	ED. (Enter nature of injury in Part I or Part II of Ham 18.)	
			ACE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (Steta)
	20c. TIME OF INJURY Month,	While Not While fac	ctory, street, office bldg., etc.)	(0.0.2)
	p.m.		d/74 147 K/2	10/7/11/11/11
		hospital attended the deceased from.	death occurred at of M, from the causes and o	
	saw the deceased alive o	n 19.00 and that	death occurred at by M, from the causes and o	22b. DATE
	7-1111	Vierren.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYS/CIAN'S		22d. ADDRESS	
	NAME (Type)	Wurren	1 divil	141
	23a, BURIAL, CREMATION, 23b. D.	ATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or e	ounty) (Stata)
	Sun (Specify) 5-	5-67 Juy 14	1 Cem Laurel	mel
	24 FUNDRAL DIRECTOR'S SIGNATOR	E ADDROSS	250 REGID BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
١	De Witt De	waldon Kaune	MATE 19 1961 fues	as Judge



FOR STATE HEALTH DEPT: necessory plemse execute the certificate, writing thm word "pemding" in pencil in Item 18. Give Pages 1, 2, and 3 to the fumeral director. Page 4 shmuld me forwarded to the Chief Medical Examiner's Office along, with form PM3 Page TO BENEFIX MEDICAL EXAMPLER: This certificate should be esecuted within 24 hours ofter dwath If day delay is 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Deportmental Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07083	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	07069
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institu	tion Residence before admission)
M	o COUNTY Prince George 's	MARYLAND	o STATE Maryland	b (0)	ward
<u>'</u>	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY N 1b		uts de carparote l'muts, write RL	
_	Riverdale	DOA	Laurel		13.2
	d NAME OF HOSP TAL OR INSTITUTION (I not n I	hospital, give street address)	d STREET ADDRESS		e IS RESIDENCE On a Farm?
	Leland Memorial Hospit	al	RFD 1. Box	297	YES NO
	NAME OF First	Middle	Lost	4. DATE Mor	nth Doy Year
	DECEASED (Type or print) McLure	Lawrence	Fisher	E OF DEATH 5	3 19 67
5			8 DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	male white w	IDOWED DIVORCED	22 April 19	lost birthdoy)	Months Days Hours Min
100	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (State		12 CITIZEN OF WHAT
q?i	ring most of working Horven if retired)	INDUSTRY COLLECT	form	reylinging	COUNTRY? CSA
13	FATHER S NAME		14 MOTHER'S MAIDEN		301
	1110-80-1	1	ma	Rund	
15	WAS DECEASED EVER IN U.S. APMED FORCES? es, no, or unknown) (If yes, give wor or doles of serv	16 SOCIAL SECURITY NO 17	INFORMANT /	Add	ress / 7 PO
(Y	es, no, or unknown) (If yes, give war or dates of serv	(ice)	L. 7	· / Mys	mayer pa
-	18. CAUSE OF DEATH (Enter only one couse pe	r line for (a) (b) and (c))	acce / 1	and par	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	Heart failure			ONSET AND DEATH
		Arteriosclerotic h			unknown
	Conditions if any which cave	arterioscierotic n	eart disease	3	unknown
	rise to immediate couse (o),				
	storing the underlying cause (c)				
	PART II OTHER S GNIFICANT CONDITIONS CONTRI	DITING TO DEATH B. T. LOT DELATED TO	THE TEDM N.A. D. SEASE (O)	LDITION C VIN IN DART IVA	9 WAS AUTOPSY
NO.	TAKE IT OTHER 3 OTHERS CORD TORS COTTAL	BOT NOT KEENTED TO	THE TEAM NAC D SEASE (O	ADIIIOA O ATA AL LYKE I(2)	PERFORMED?
CERTIFICATION	200 EXTERNAL CAUSE WAS	201 DECEMBE JOHN HUMBY DECEMBED	(5-1	Dog Con Dog Dog Dog 303	YES NO
E	PRIMARY ☐ or CONTRIBLTING ☐	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of in Cry in	Part for Part II of Item 18)	
3	CAUSE OF DEATH	20d NJURY OCCURRED 20e PLA	(1 Of D. 110 V ID (1 205 (6 4) 22 42 43	16
AED (20r TME OF NJURY Month, Day, Year Hour o.m.		CE OF INJURY (Home, form ory, street, office bldg., etc.)		((ounty) (Stote)
1	pm 19	otwork U otwork U			
1	21 I certify that I took charge of			Inspection 2, Inq	juiry 🔀 ond in my opinion
	death resulted fram. Natural ca	uses 🔀 🎉 Korident 🗌, Suic			nanner
	ACTUAL	X V	CHIEF MEDICAL	EXAMINER	22. DATE SIGNED
	SIGNATURE	eff		ICAL EXAMINER	22. DATE MONEU
	EXAMINER'S NAME (Type) John Kehoe, M.	D. Riverdale, Md		AL EXAMINER [X] I city, town, or county)	5-4-67
23	BURIA CREMATION 236 DATE THEREOF	23 NAME OF CEMETERY OR	PROTAMBAS	23ch LOCAT ON City of T	(State)
1	Survey 3-6-6	7 cdar/2	ill Cem	Allew Du	me Uli My.
2	4 MINERAL DIRECTOR	ADDRESS	S PANAY	ST REGISTRAR 25h	LONG LICE
K	10 Will Danaly	lear haurel	mal Ill	40 1001	0

VR A15ME (5) 6M 1/67

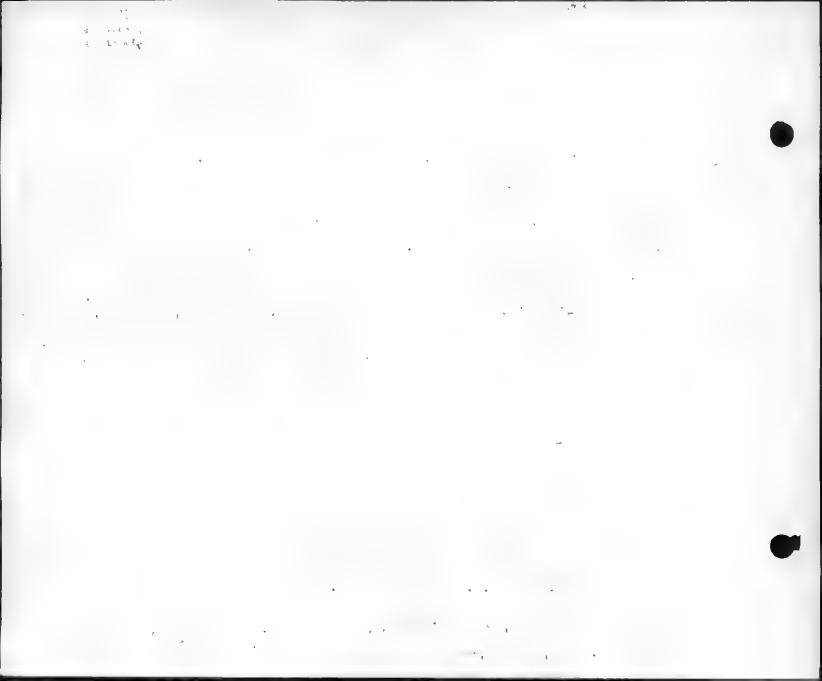
MOR STATE HEAVIH DEPT.

y delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page Depart went of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If a 5 may be retained for your files. Health prior to buriol, cremation, or removal, and in any event within 72 hours offer death MARYLAND STATE DEPARTMENT OF HEALTH

Item #20 Film #33 7 12/07 pc

07090 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	070
I. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Resid	
o COUNTY Prince George's MARY, AND	Mar yland Prince	George's
b. C TY OR TOWN (If outs de corporate mits, write RURAL and give nearest town)	c CiTY OR TOWN (If outside corporate limits write RURAL and g	ive neorest 10 wn)
Cheverly DOA	Landover Laurel	1
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e S RESIDENCE ON A FARM?
Prince George General Hospital	104 Woodlawn Ct.	YES NO X
NAME OF First Middle	Lost 4 DATE Month	Doy Year
(Type or print) Henry Thomas F	lorentine DEATH 5	2 19 67
. SEX 6. CO.OR OR RACE 7 MARR ED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years I FUNDE	R I YEAR F UNDER 24 HRS
male white WIDOWED DIVORCED	2-22-1897 lost birthdoy) Months	Doys Hours Min
On USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Transportation (retred) Sellis Emp.	Baltimere, Maryland U	SA SA
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Henry Florentine	Mary Christina Lembarde	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT 2203 Eastyledge	Rd.
(Yes, no or unknown) 8-1918/12-1918 213-20-9975 M	es Mary E. Elerentine, Temenius	
1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure		ONSET AND DEATH
DUE TO Arteriosclerotic	heart disease	unknown
Conditions, if any, which gave) (b)	110010 01100000	dimilionii
rise to immediate couse (o), DUE TO		
last (c)		
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE COND T ON G YEN IN PART I(o)	19 WAS AUTOPSY
Diabetes - over 2 months		PERFORMED?
200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item IB)	
PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH		
		County) (Stote)
Hour om While Not While of work at work	octory, street, affice bldg., etc.)	
21 I certify that I took charge of the remains described above, t	neld an Autapsy 🔲 , Inspection 🔀 , Inquiry 🔀	, and in my apintor
death resulted fram Natural secses 🔼 Accident 📝 Su		
0 / 1	CHIEF MEDICAL EXAMINER	_
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S John Kehoe, M.D. Riverdale, M	DEPUTY MEDICAL EXAMINER Address (Street sity lown or county)	5-3-67
		"County) "State;
BURIAL May 5, 1967 BALTIMORE, MA		
24 FUNERAL DIRECTOR ADDRESS	250 NG D BY REG STRARSh RE	
Harold S. Wade, Laurel, Maryland	DATE MAY 5 1867 FCC	reas Judge

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filmeral director, page 3 should be detached for use as the burial-transit permit. Then please common papers. Pages A and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. TO NOSPITAL OR NITHINDING PHYSICIAN: The law requires that the death certificate be executed within 211 hours after death.

Page 4 may be retained by the haspital at attending physician. VR A15 (4) 25M 1/67

CEDTIFICATE	OF DEATH	

1		07091				CERTIFICA	TE OF	DEATH		1	0707	/1	
F		PLACE OF DEATH						SUAL RESIDENCE (V	Where deceosed			e before odmissio	n)
1		o. COUNTY			MARYLAND	M	Maryland Prince Georges						
ŀ		b. CITY OR TOWN (outside corporate limit	5.	1 (1	ENGTH OF STAY IN 16		Y OR TOWN (If ou					
		write RURAL and give nearest lawn)					- 11	,	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	Cheverly 19 Hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)							rattsvill REET ADDRESS	Le		16%	T e IS RESID	TNCT
Ш												ON A FA	
Ĺ			orges Gene	Hospi	tal	61	302 - 231	rd Ave.			YES	NO 🔼	
		NAME OF DECEASED	Fi	rs1		Middle	•	Los!	4 DATE OF	Mont	h	Doy Yea	г
	_ {	(Type or pnnt)		Ma	ud	F.	For	rt	DEATH	May		24. 19 1	67
T	SS	SEX	6 COLOR OR RACE	7 MAR	RIED [NEVER MARRIED	B DAT	OF BIRTH		GE (n years	F UNDER 1		
]	Female	White	WIDO	WED X	DIVORCED 📋	10	0/8/89		ost birthdoy) 77 yrs	Months	Doys Hours	Min.
	10o	USUAL OCCUPATION	(Give kind of work done	1		BUSINESS OR		IRTHPLACE (County	& State, or foreig	n country)		ZEN OF WHAT	
1	duri	ing most of working a HOUSEV	fe_even if retired)		INDUSTR	Ψ		Wash.,	D C		TT	INTRY?	
ŀ	13.	FATHER'S NAME	- 11 00 0				1 14.	NOTHER'S MAIDEN N				LIBELO	
П	Henry T. Roland							Frances S. Cameron					
ŀ	15		IN U.S. ARMED FORCES?		16 SOCIAL	SECURITY NO 17	INFORM	INFORMANT Address 1080-Plum pr					
1	(Yes	s, no, ar unknown)	If yes give wor or dotes	of service)	10. 500.	. 5000000							
Ŀ	No 213-50-6238 hrs.Norma V. Miles- Grown										rown		
1		18 CAUSE OF DEA	ATH (Enter only one cou H WAS CAUSED BY	se per lu	ne for (o), (i	o), ond (c))		Daught	er)			INTERVAL BETY	
			IMMEDIATE CAUSE	(o)	Clare	cral ple	NOW	ne.				dorp	7
П	- 1	6000	DUE	10	1	A .	1	0				1	
Т	Conditions, if any, which gove (b) Here repland									Jayro			
1	nse to immediate couse (o), stoting the underlying couse (DUE TO							1	1				
1		last.	1	(c)		,							
1	_	PART II. OTHER SIG	NIFICANT CONDITIONS (GNTR18U	TING TO DEA	ATH BUT NOT RELATED T	O THE TER	MINAL DISEASE CON	IDITION GIVEN I	N PART 1(a)		19 WAS AUTO	PSY
	<u>څ</u> ا	1º	antonii	1						. ,		PERFORME YES []	D?
	ջ	200 ACCIDENT WAS	MOEDIA MICE	2	JP DECEMBE	HOW INJURY OCCURRE	D /Enter	nature of paner, in	Dart Los Dart II	of stam 10 l		I IS II .	10 []
		OR CONTRIBUTING A	ZI CAUSE OF DEATH	_ Z	DO. DESCRIBE	: HOW HOOK! GETJAKE	D (ciliat i	more or wilding in	run i ui run ii	of therif to j			
	اڌِ												
- 1	MEDICAL CERTIFICATION	20c TIME OF INJUI	RY Month, Doy, Year		While —			NJURY (Home, form let, office bldg , etc.)		ity or town)	(Cons	nty) (S	itote)
П	Ī	p.m	10		ot work	of work	000197, 3111						
П	ľ	21. I certify	y that (I) (this bes	e Polyg	ttended t	he deceased from	196	20	9, ta_	May 24	, 19 6	7, that (I) (v	na las
П	ı		ceased alive an M			19.67_, and t	hat deat	h occurred at					
1		220. SIGNATURE	//								22b. DAT	TE SIGNED	
1	- 1	Ven	of Orn	12	5 Ers	7,		TENDING IYS XXX	MED DIRECTOR	STAFF PHYS			
1		22c. PHYSICIAN'S		- W-4				2d. ADDRESS					
1		NAME (Type)	Leon Levi	tekv	M.	D	3	08_Rhode	Talan	1_ Asso_ 7	Mr Dai	nior M	d
1	23c	BURIAL, CREMATIO				NAME OF CEMETERY	JB CBEWY	UBA MIGRE	23d LOCAT	TON (City or Tox	wn) /	(cupty) (St	ate)
	400	REMOVAL (Specify)	,								,	(21	ole)
-	9.6					Fort Line	coln	dem.	I Colm	lar La	GISTRAR'S SIG	CNATURE	
	24.	Home	Helreals	1 Tu	era	ADDRESS .1t .	aln	TAIL YOU KELL	ALV O O	4007		was Jus	
		TTOTAL .	4			Marylar	101	DATE N	AAY 2.9	136/	* Com	THE WALL	-



death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phymician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH O 7052 CERTIFICATE OF DEATH O 7072

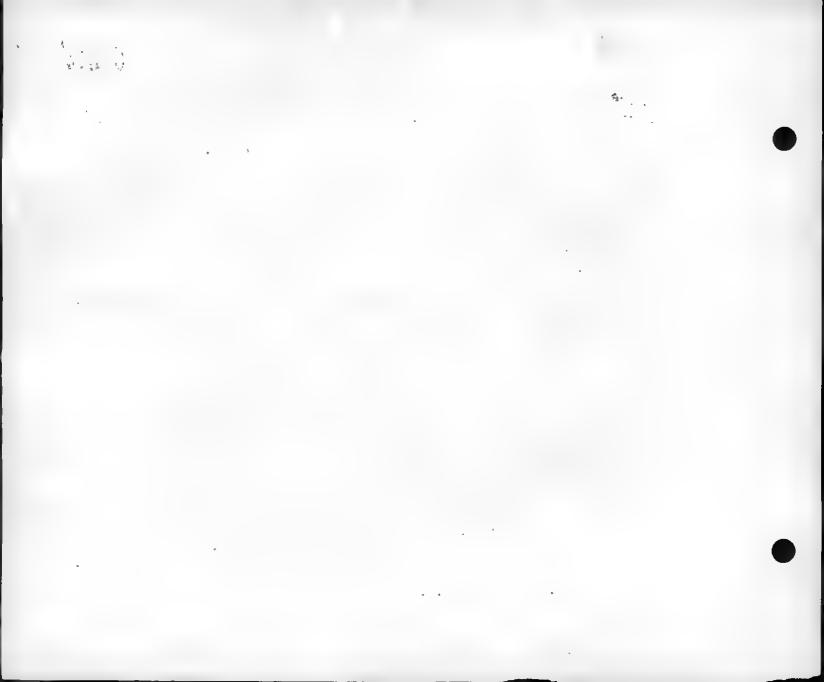
	1.	PLACE DF DEATH	Ī	2. USUAL RESIDENC	E (Where deceased liv	ed, If institution: Re	sidence before admission)		
1		a. COUNTY I TINUE GRUNGES MARY	n 8105	MARY LANI)	P COUNTY F	GEORGES		
1	_	b. City Or TOWN (if outside corporate limits, write RURAL and give nearest town)				* * * * * * * * * * * * * * * * * * * *	and give nearest town)		
П	Δ NT	write RURAL and give nearest town) DREWS AF BASE 5 Davs		FORRESTY					
	77.4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac		d. STREET ADDRESS	<u> </u>		e. IS RESIDENCE		
*		USAF HUSPITAL ANDREWS AFD			na Dani-		ON A FARM?		
	2				z Drive	Month	Day Year		
1	٥.	DECEASED		Last	OF				
- 1	5		1 . 6	B. DATE OF BIRTH		MAY 7	19 6 7 YEAR IF UNDER 24 HRS.		
	٥.	CATI CATI	<u>'</u>		last b	to the second to	Days Hours Min.		
Ų	3 On	WISOUTS DITOROCE		17 Jun 193		yrs.	TIZEN OF WHAT		
-	dur	ing most of working life, even if retired) INDUSTRY		II, BIRTHPLACE (CO	unity & State, or foreig	CO	UNTRY?		
		USARMY USARMY	7		PENNSYL	VANIA	USA		
	13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME				
	_	ISRALE GALPERN			ABRAMS				
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. is, no, or unknown) ([f yes give war or dates of service)	. 17.	INFORMANT		Address			
		YES 159-01-8356	S W	IFE.	SAME AS	#2			
		18. CAUSE DF DEATH [Enter only one cause per (ine for (a), (b), and (c)		/			INTERVAL BETWEEN ONSET AND DEATH		
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420/ DUE TO Conditions, If any, which (b) HEART FAILURE & ACUTE PULMONARY EDEMA								
- 1	gave rise to immediate								
	cause (a), stating the DUETU underlying cause last. (c) MYOCARDIAL INFARCTION								
	S	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N			ISEASE CONDITION	SIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
2	CERTIFICATION						YES NO NO		
	TE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR	RY OCCU	RRED. (Enter nature of	injury in Part i or	Part () of Item 18.)			
	CER	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
			20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town) (Cour	nty) (State)		
	MEDICAL	Hour a.m. While Not While	facto	ry, street, office bldg., et	c.)				
	Σ	p.m. 19 at work at work	2	M 10	67 - 7	VID 10 6	7 that (D. Jug) last		
		21. I certify that (X (this hospital) attended the deceased for					7, that (b) (we) last		
		saw the deceased alive on 7 May 19 6.7 a	ng that	death occurred at	A sill a mont the	22b. DA	TE SIGNED		
		Italiand 100 andre	44 D		MED. STA	FF TI			
		22c. PHYSICIAN'S	M.D			pital An	dnorra		
1		NAME (TYPE) CHARD J. WISELY, CAPT,	USA	77 1/0		AFB Wash			
1	238	BURIAL, CREMATION, 230 DATE THEREO + 230, NAME OF CE				City, town or cou			
		PEMOVAL (Spacify)		at. Cem.			Virginia		
			3501	-14th 25a. REC	D BY REGISTRAR	25b. REGISTRAR'	S SIGNATURE .		
	p	ernard Danzansky & Sons St. Wa		TATION MAN	11 1967	geliane	es Judge		
	D.	ernara Danzansky & Sons St. Ma	911.	DATE		<i>t1</i>			



07093

CERTIFICATE OF DEATH

Tand Tand			LACE OF DEATH	orges		MAR	YLAND	2. USUAL RESIDENCE (ON STATE Mary 1 and	Where deceo		t on Residence be	fore odmission)
y the Trui Pages T	1	ŀ	CITY OR TOWN (I	f autside carparate limit:	s,	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If o	utside corpar	ate i mits, write RU	RAL and give nea	rest town)
		(heverly.	give neorest town)		31 da	ys	Hyattsvi	11e		11.1	
in in ers. 2 ho	,	(NAME OF HOSPITA	AL OR INSTITUTION (If no	it in hospitol, g	ive street address)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
rithin 24 horely filled in Erbon-papers.	74	I	rince Ge	orges Gene	ral Hos	pital		4110 Warne	er Ave			YES NO
金属			IAME OF	Fit	rst	Middle		Last	4. DATE	Mon		ay Year
		(Type or print)	Sam				Gandler	DEATH			
cample ave car y event,		\$:		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE DIVORCE		B. DATE OF BIRTH		AGE (In years lost birthday)	Months Day	
execution camprend ca			Male	White				12/15/1895		71 YIS		
rtificate be ex physicion and en please rem aval, and in an		10o. duri	USUAL OCCUPATION mg most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County		reign country)	12 CITIZEN COUNTR	OF WHAT
ifica iysic al, a			FATHER S NAME					14. MOTHER'S MAIDEN				
certifi g phy Then mava			CANKNI					UNXNO	ww_			
that the death certificate be executed on. by the attending physician and cample ransit permit. Then please remave ca		15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16. S	SOCIAL SECURITY NO. 8-10-8480	74 MX	NFORMANT 23. ESTHER (SANDLE	ER 4 Addr	OWARA YATTSVI	IER AJE.
that the on. by the a ransit per ransit per control.			IB CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY, IMMEDIATE CAUSE	se per une for			71	_			NTERVAL BETWEEN ONSET AND DEATH
SE TE			Conditions, if ony,	6 1	10 (b) acc	ite myoc	ardi	al Infac	Tion			
w required ing physical physical physical physical physical physical physical into burial into burial into physical phys			nise to immediate stating the under lost.	e couse (o), [nuc	10 Seve	ar. Orland	ocles	olic Cardi	Drase	ulor Qu	ilane	
The la attendation by the price of the price	2	VION		GNIFICANT CONDITIONS C				THE TERMINAL DISEASE CO				9. WAS AUTOPSY PERFORMED? YES NO KN
spital or ertificate ed far us		CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY (CCURRED	(Enter nature of injury in	Port Lar Pa	rt II of item 1B)		
IG PHY the ha ir this c detach		MEDICAL	Hour o.n p.r	n. 19	While of work		foci	CE OF INJURY (Hame, fan ory, street, office bldg , etc	.)	(City or town)	(County)	(State)
Afte Afte be Sto			21. I certif	ly that (⅓) (this has	pital) attend	led the deceased	from	April 7, , , t death accurred of	1967.	o May 8	. 19.6.7.	that (肽 (we) last
TEN Innec				eceased alive an	May 8,	19 <u>67</u> ,	and tho	t death accurred o	9:50/	W fram causes		
be reta DIRECT ge 3 shalled with			220 SIGNATURE	Nous	rudgn	47	M.I	11110	MED.AM . DIRECTOR		22b. DATE SI	GNED
May RAL Po	2 100		22c. PHYSICIAN'S NAME (Type)					Prince G	î fabelele	-Canovi	No asset	
losp le 4 UNE ectar auld	^	230	BUR AL, CREMAT C	ON, 23b DATE THE		23c. NAME OF CEN	ETERY OR	CREMATORY	23d L	OCATION (City or To	own) (Cou	nty) (Stote)
Proge / O FUN direct			REMOVALISpecify			Mt. Leba	non (Cemetery				Geo. Md.
1	AL			R Donald M.		ADDRESS		2So. REC	D BY REGIST		EGISTRAR S SIGNA	
VR A15 (4) 7 25M 1/67	п У /	E	lebrew Me	morial Fund	eral Ho	me 232 C	arrol	Z St. NUDATE N	AY 1 1	1967	Milanes	1 mage



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07094	0	7	0	9	4
-------	---	---	---	---	---

CERTIFICATE OF DEATH

		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Reviewed file at mission)						
	(O COUNTY PRINCE GEORGE MARYLAND	a STATE Maryland b. COUNTPrince Georges						
	į	b. CFTY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)						
		write RJRAL and give nearest lown) FORRES TULLE 39 days	Seat Pleasant						
	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS 1 1 18 K RESIDENCE ON A FARM?						
		REGENT NUKSING HOME	5114 Valley Road YES NO E						
	((cipe or print)	ROELLA OF MAY 8 1967						
	5 :	The state of the s	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
		WIDOWED DIVORCED	4/10/1901 16 VIS						
		. US_AL OCCUPATION (Give kind of work done ing most of working life, even if retired) HOUSELVE FLE INDUSTRY	13 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
		FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
		John A. Sheil	Harriet J. Wands						
	₹Ş (Ye		NFORMANT Len R. Morris 5114 Valley Road S. E.						
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH						
		IMMEDIATE CAUSE (o) DUE TO							
		Conditions, if any, which gave) (b) Arterios	TTE HOULD SYLD						
		rise to immediate cause (a). Stating the underlying couse DUE TO							
		lost. (c)							
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART ?(a) 19. WAS AUTOPSY PERFORMED?						
2	ATIOI	Chronie Empl	YES NO						
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED.	(juter nature of injury in Port I or Port II of item 1B.)						
		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)						
	WE	Haur a.m. While Not While of work of work	ory, street, office bldg., etc.)						
		21. I certify that (I) (this hospital) attended the deceased from	1960, 19, to 2 8, 196), that (1) (we) last						
			t death occurred/at <u>to 13-</u> M, from causes and on the date stated above.						
		220. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED						
		22c PHYSICIANS	D. PHYS DIRECTOR LI PHYS. L.J. 5						
}		NAME (TYPE) BERNARD KATZEN MILL	20 you Naylor Kd. S.E. Tin.						
	230		CREMATORY 23d LOCATION (City or Town) (County) (Stote)						
		Brina 1 5-10-1967 Arlington N.	ational Arlington Virginia						
	24		250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE						
	- 4	NOTHING OF EXPLOSION ASSET OF I OU	CA INMIA! IDDI A						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perm.t. Then please Temave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. executed within 24 haurs afty TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

n 1	1
	070
freeath. funeral 1 and 2 er death.	1. PLACE OF o. COUNT
iges affi	b. CITY OF write I
4 h urs d in by pers. Po	d. NAME

oan pa completely fil ave corban y even, with ease ren and in an remayal, signed by director, page 3 shauld shauld be filed with the

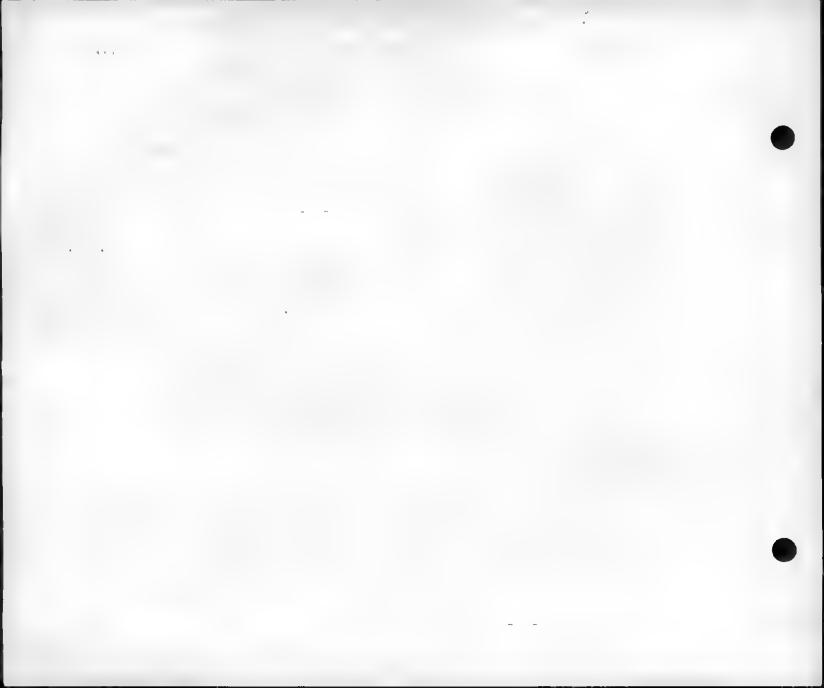
10 FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

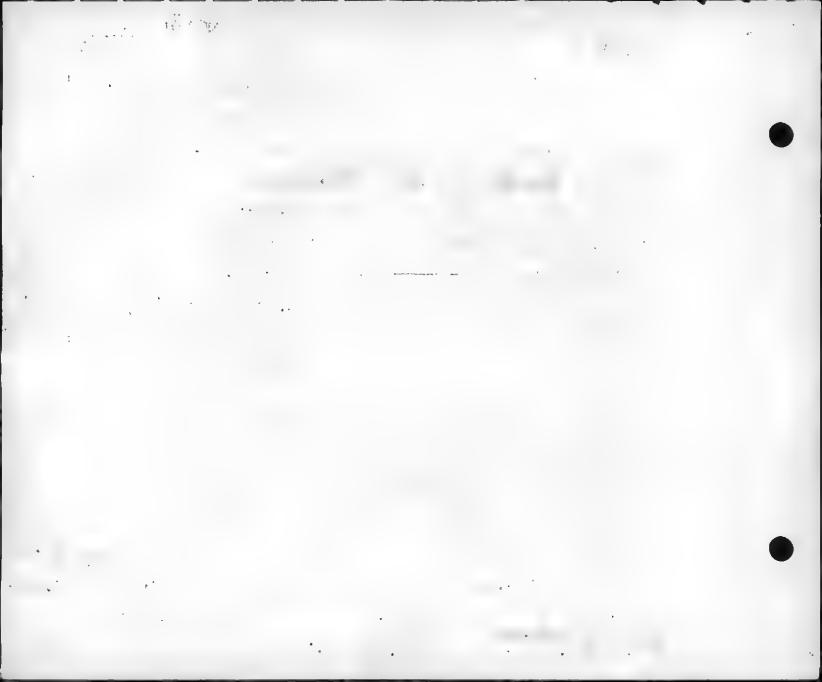
195 CERTIFICATE OF DEATH DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTYPrince Georges o. STATE Maryland Prince Georges MARYLAND R TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Seat Pleasant e IS RESIDENCE ON A FARM? OF HOSPITAL OR INSTITUTION (I) not in hospital, give street oddress) d. STREET ADDRESS Valley Park Road 7830 Valley Park Road YES NO X NAME OF Middle 4. DATE First Month Year DECEASED 19 67 May (Type or print) DEATH S SEX IF UNDER 24 HRS. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR COLOR OR RACE NEVER MARRIED lost birthdoy) Months Hours 3-27-1890 Dovs Female White WIDOWED Ex DIVORCED 100 LSUAL OCCUPATION (Give kind of work done during most of work no.1 ife, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Massachusetts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond Finley Loretta Burke IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (II yes give wor or dotes of service) Shcila G. Shaffer 7830 Valley Park Road 1B. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH **DUE TO** Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse 19 WAS AUTOPS' PERFORMED? PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO: 20o ACC DENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year (City or fawn) (County) (Stote) Hour 'o.m. loctory, street, office bldg., etc.) Not While of work of work 21. 1 certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death accurred at 3.30 PM, from causes and on the date stated above. saw the deceased alive an 22o. SIGNATUR 22b. DATE SIGNED STAFF M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Great Neck Cemetery Onset Massachusetts 5-10-67 ADDRESS308 Suitland 250 REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home Suitland Marylandare MAY

Williamer

VR A15 (4) 25M 1/67



1 /	I te	tem 18 Film 389 5-29-MARYLAND STATE DEPARTMENT OF HEALTH		
. 62		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND	
老一章2章		07096 CERTIFICATE OF DEATH	07076	
uneral and 2 death.	1.	a. CDUNTY 2. USUAL RESIDENCE (Where deceases as STATE	ed lived, If institution: Residence before admis	ssion)
after after		Prince George's Maryland Maryland	b. COUNTY Pro Geo sate limits, write RURAL and give nearest to	
Page IIS a		write RURAL and give nearest town)	ate limits, write RURAL and give nearest to	own)
hould in crs.		Camp Springs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDE	ENCE
y fille pape thin 72		5211 - Colonial Drive 5211 - Colonial Dr	ON A FAR	M7
exemuted mithin 24 houm and and completely filled in by the remove carbon papers. Pages I amy event, within 72 hours aft		NAME DF First Middle , Last 4. DATE	Month Day Year	الما
nple carb		(Type or print) Putter A. GIBSON DEATH	May 19th 19 6	
exemutec and con remove		Till 10 10 10 10 10 10 10 10 10 10 10 10 10	GE (In years IF UNDER 1 YEAR IF UNDER 24 st birthday) Months Days Hours I	I HRS Min.
exemu and remorn any		WIDOWED DIVORCED May 6th, 1921 46	yrs.	
icate b≡ ex physician a n please re wal, and in a		uring most of working life, even if retired) INDUSTRY	COUNTRY?	
ate ple al, a	13.	Housewife Domestic Dunkirk, Indiana 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	usa usa	
eath certifica attending ph ermit. Then n, or removal		Charles Racer Mary Helen Rectinanus		
tendi	15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service)	Address Same as # 2	
death certificate be eattending physician permit. Then please ion, or removal, and i			usband	•
at the deat lan. d by the at ransit pern cremation,	l î	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWI	EEN
that the sician. med by th al-transit al, cremat	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	6 mg	
Ires that physician n signed burial-tra burial, cr		Conditions, If any, which Original site undetermined		
regulre ding pl been the bu the bu		gave rise to immediate (
am redirected in the state of	_	underlying cause last. (c)		
_ =	MION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(2) 19. WAS AUTO	PSY D?
Il The I al or at fincate I for use Health	FICA	OR A SOURCE WAS INDED VANCET ON THE PROPERTY OF THE PROPERTY O	YES NO	
by the hospital or a by the hospital or a fer this certificate be detached for use tate Dept. of Health	CERTIFICATI		or Part II of Item 18.)	
the the detailer	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City Hour a.m.	y or town) (County) (Stat	te)
INT by left left	ME			
e = e e	П	21. I certify that (I) (this hospital) attended the deceased from 3 4 19 to 1	196), that (I) (we)	lasi
reta reta CCTO S.S.A.		saw the deceased alive on 1967, and that death occurred at 36 M, from the same that death occurred at 36 M, fro	the causes and on the date stated ab	ove.
ON DE CONTRE	Н	M.D. ATTENDING MED. DIRECTOR DIRECTOR	STAFF D May 19 19	167
4 may rickal of tor, pag d be file	!	22c. PHYSICIAN'S NAME (Type)	4	
Page 4 ma O FUNERAL director, p		David N. Robb 5116 - Middleton	Lane, Camp Springs,	- 4
TO HOTFITM OR ATTITUTE Page 4 may be retain to FUNERAL DIRECTOR director, page 3 should be filed with the	23a.	REMOVAL (Specify)	rion (City, town or county) (State)
	24.	4. CUNERAL DIRECTOR ADDRESS 1.25a. REC'D BY REGISTRA	rk • Indiana AR 25b. REGISTRAR'S SIGNATURE	
VR AI5 (4)	5	Simmons Bros. 1661- Good Hope RD. SE Wash.; DATEMAY 29 19	167 Jelisales Judge	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07097			CERTIFICA	ATE OI	DEATH			0707	7	
	O COUNTY Pri	nce George	's	MARYLANO	0	WAL RESIDENCE (V	Where deceas nd	ed lived, if institution b COUN	n: Residence b	efore odmis Georg	sion) ge ¹ S
	b. CITY OR, TOWN (if outside corporate imit d give negrest tawn) verly	5,	tength of stay in 15	, c (l	Y OR TOWN (# au Greenb		te limits, write RUR	AL and give ne	orest town)	
,-		ALOR INSTITUTION (If no George's G	,		d S'	REET ADDRESS	Ridge	Road		e IS RE ON A YES	SIDENCE FARMEX NO X
1	NAME OF DECEASED (Type or print)		mes	Middle F.		last Griggs	4 DATE OF DEATH	Month May			fear 9 6 7
1	SEX Male	6 COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	J	13/29	9	AGE (In years last birthday) 38 yrs	if UNDER 1 YE Manths Do		S Min
1	On USUAL OCCUPATION during mast of warking Salesma.	(Give kind of work done te, even if refired) n Priggs	10b. Kf	ND OF BUSINESS OR DUSTRY Meats		BIRTHPLACE (County Ohi	io	reign country)	12 CITIZEI COUNT U S	OF WHAT	
		Emmett R G			14.	nothers maiden i Gertri	ide F	Azbell			
	YS WAS DECEASED EVE (Yes, na, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of ADTEAN	of service) 57		17. INFORM Betty	Jane Gri	iggs	Greenbe			
	PART 1 DEAT Conditions, if any rise to immediat stating the under	e cause (a), ((a)	(a), (b), and (c), controls	2.3	elmple's	1 %	Liver		INTERVAL E	
27.043	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)		19. WAS AL PERFOR YES XX	JTOPSY PMED? NO
CERTICIO	I THE FITHER NOTICY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCUR	RED (Enter	nature of injury in	Part I or Por	t () of item 18.)			
1000	20c. TIME OF INJU	10	20d It While at wark	Not While		NJURY (Home, farm et, affice bldg., etc.)		(City or town)	(County		(State)
	21. I certify that (I) (this haspital) attended the deceased from April 29 , 19 67, ta May 13 , 1967, that (I) (we) los saw the deceased glive an May 13 , 1967, and that death accurred at 10:30M from causes and an the date stated above										
		John H Bayly MO ATTENDING MED. STAFF May 13, 1967									
	22c PHYSICIAN'S NAME (Type	John H. B		M.D.				N.W., Wa			
	230 BURIAL CREMATIC REMOVAL (Specify Burial	May 16	, 1967	23c NAME OF CEMETERY Ft Lincoln		tery	Col	cation (Giy or Tow mar Manor	· Pro G	eo Md	(State)
	F. Gase	ch's Sons	Hyatts	ADDRESS ville, Md		DATA A	BY REGISTR		GISTRAR'S SIGN.		K.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 1 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I land should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours afte dest

• •

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07098

CERTIFICATE OF DEATH

07078

	0000						0.019						
	1 1	PLACE OF DEATH				2.	USUAL RESIDENCE (V		ased lived, if institu	INTY		2	1]
		o. COUNTY Prince	Georges!		MARYLAND	\perp	c CITY OR TOWN (If outside carparate mmits, write RURAL and give nearest to						
	l	b CITY OR TOWN (If or write RURAL and giv	itside corporate limits, le negrest town) Alr Force I		C LENGTH OF STAY IN 16	1	,		arate Hmits, write Ri	JRAL and give	neorest	tawn)	
					6 Days	1	ROCK PO	FTA.T.				IS RESIDE	ENCE
	(USAF HOSP	ANDREWS	nospiral, (give street address)	a.	GENERAL GENERAL	DELI	VERY		Y	ON A FAI	
		NAME OF	First		Middle		Lost	4 DATI	Mo	nth	Doy	Year	r
	. ((Type or print) J	OHN 3		GRIMES			OF DEAT	TAM HI	14, 19		19	
	5 5			MARRIED	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last pirthday)	IF UNDER 1	YEAR Days	Haurs	24 HRS Min
				WIDOWED	DIVORCED	_	2 AUG 1889		// Yrs.				
	10a dilin	USUAL OCCUPATION (Gi	ve kind of work done even if religion TRET		ND OF BUSINESS OR	11	I. BIRTHPLACE (County)				IZEN OF UNTRY?	WHAT	
			JSA RETIREI	}	RETIRED				EW YORK		J.S.	A .	
	13.	FATHER'S NAME	****			14	MOTHER'S MAIDEN I		Top 1 = = 1.71= \				
			GRIMES				SALLY	10	Jnkown)				
	15. {Ye	WAS DECEASED EVER IN	U.S. ARMED FORCES? les give war ar dates af se l Q1 7_1 QLA	vire			RMANT		7744	lress	he.		
			71/21/77		214-28-4270	EST	CELLE W. C	RIME	S -ATLE-S	Same as		2	
		18. CAUSE OF DEATH PART I, DEATH V	l (Enter anly ane couse p									RVAL BETW ET AND DE	
			IMMEDIATE CAUSE (a).		ardiac A		<i>est</i>						_
		Conditions, if any, wh	DUE TO	1	rterioscler		10 1/00	11	Diran	- 20	10		~
		nse ta immediate ca	use (a), (Due to	A.	11071036/81	01	10 MERI		1117845		10	year	
		stating the underlyin	g couse (c)	Ro	uptured k	46.	d. Art	ic A.	neurys	m	7	day	15
1	CERT F CATION	PART II OTHER SIGNIF	CANT CONDITIONS CONT	RIBUTING '	TO DEATH BUT NOT RELATED TO) THE 1	TERMINAL DISEASE CON	idition G	IVEN IN PART 1(o)			WAS AUTO PERFORMEI S bc	
	2	20a ACCIDENT WAS UN	DERLYING [20b. DE	SCRIBE HOW INJURY OCCURRED) (Ente	r nature of injury in	Part I or F	Port II of item 18,)		1 10	- ISBN	
	CERT	OR CONTRIBUTING CO							,				
	MEDICAL	20€ TIME OF INJURY		70d II			F INJURY (Hame, form		(City or town)	(Cou	inty)	(5	State)
	E G	Haur 'a.m.	19	While at work		actory, :	street, affice bldg., etc.)						
		21. I certify 1	hat (I) (this haspite		ded the deceased fram_	131	nous 1	947	to 14 mag	M. 196	7th	ot (I) (w	ve) las
		saw the dece	sed alive on 14	mu	4 1967, and th	ot de	oth occurred at:	0130 A	M, fram causes	and on th	e dote	stoted	above
		220, SIGNATURE	. 77				ATTENDING	MED	STAFF _	225. DA	TE STGNE	D	
			m/Dre	sto	N- N	M.D	PHYS L.J.	DIRECTOR	PHYS	4/	nece	46	7
4		22c/PHYSICIAN S NAME (Type)	JOHN W. BF	ISTO	W CAPT USAF M	rd I				REWS	7 20	221	
/		<u> </u>					ANDREWS	APB.	WASHING.				
	230	BUR AL, (REMATION, BREMOVAL (Specify)	23b DATE THERECO		23c NAME OF CEMETERY OF Arlington				LOCATION (City or I		(County)		ote)
		. FUNERAL DIRECTOR	2/ 1//	101	ADDRESS	TAC			~ ~				-
	44	Arehart	Funeral	Come	,IncLa P	lat	250 RECT	AY T	9RAR 1987 56	geres!	S. S.	Judge	K. B.
_ 1		SET CHICKL D	- COLCI CL	TOTHE	, TIIC - Ha I	701	JOY PLY COME			U	L		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in ally event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after de Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

f Marie			07093	CERTIFICATE	OF DEATH		07079
TERE			PLACE OF DEATH		2. USUAL RESIDENCE (V	there deceased aved, if institut	tion Residence before admission)
		ľ	o. COUNTY Prince George's	MARYLAND	o STATE Mary	land b. cou	NIY Prince George
ges aft		Ī	CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	iside corporate limits, write RU	RAL and give nearest town)
by Pours		An	drews Air Force Base	8 days	Camp	Springs	
ers 72 h			L. NAME OF HOSPITAL OR INSTITUTION (If not in b	nospital, give street address)	d. STREET ADDRESS		e is residence on a farm?
pap pap	1	U	SAF Hospital Andrews		6219	Nottingham D	rive YES NO 🔼
nd campletely filled in by the fu emove carban papers Pages I any event, within 72 hours after		l	NAME OF First DECEASED ROBIN REN	Middle EE GROSS	Lost	4. DATE MON' OF MAY	13, 1967 19
e ve	1			MARRIED NEVER MARRIED 🔀	B. DATE OF BIRTH	9 AGE (In years last bythday)	Manths Days Haurs M.p.
9 6 54		F	EMALE Caucasian w	DIVORCED DIVORCED	May 5, 1967	yrs O'lloy)	Manths Days Hours M.n.
ion on case re			USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		State or fareign country) F.B. Maryland	12. CITIZEN OF WHAT
ysic ple al, c		13.	FATHER S NAME		14. MOTHER'S MAIDEN N	AME	
hen hen			Leonard Paul Price	(Never Marrie	ed) JOAN MAURE	MEN GROSS
phymician. signed by the attending physician and campletely filled in by the fi burial-transit purmit. Then please remove carban papers Pages burial, trematian, ar remayal, and in any event, within 72 hours after		15 (Ye.	WAS DECEASED EVER IN U.S. ARMED FORCES? s.na. ar unknawn) (It yes give war ar dates af serv	16. SOCIAL SECURITY NO. 17, 10	NFORMANT NOTHER	6219 Notti Camp Sprin	ingham Drive
y the o			IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	r line for (a), (b) and (c).)	Least C	uear -	HNIERVAL BETWEEN BASED AND DEATH
iciar Nd b Sd b Sd b Sd b			7545 DUE TO				
phy igne ioric			Conditions, if any, which gave (b)				
attending has been se as the the the prior tab			stating the underlying cause last. DUE TO (c)				
al ar atter icate has far use as Health pri	/	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
きを記する			200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in F	Port I or Port II of item 18.)	
this this detac	*	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o.m. 19 p.m. 19		E OF INJURY (Hame, farm, ary, street, office bldg , etc)	20f. (City or tawn)	(County) (State)
			21. I certify that (I) (this haspital saw the deceased alive on) attended the deceased from	death accurred at		, 1967, that (t) (we) last and an the date stated above
be retained DIRECTOR: / Je 3 shauld led with the			220. SIGNATURE	otton ME	ATTENDING D	MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED
	t c		22c. PHYSICIAN'S PHILLIP STITE	NER, CAPT, USAF, MC	22d. ADDRESS USAF HOS	P. ANDREWS W	ash. D.C. 20331
Page 4 may be r TO FUNERAL DIRE director, page 3 should be filed v	P	230	BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF	23c. NAME OF CEMETERY OR CETO BIR 1411	REMATORY Cameling	23d LOCATION (City or To PRINCE GE	wn) (County) (State)
VR A15 (4)	1	24	FUNERAL DIRECTOR	1 430 & Stullan	d Dd harr	BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
20 M 1/66		1	(afort 6.W. Clean C. A	rue Surtans	DAMETAY	18 1967 28	Harris Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved finstitution **b** COUNTY n COUNTY Maryland Prince George's b CITY OR TOWN (If outside corporate imits, deloy CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Mt. Rainier Cheverly DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm YES NO THE ote Rainier Ave. Prince George General Hospital NAME OF Midale 4 DATE DECEASED (Type or print) Belle DEATH Young Haut AGE (In years B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost b rthdoy) Months buriol-transit permit. File pages 1 and 2 w n any event within 72 hours ofter death. WIDOWED X DIVORCED White Female 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a 1ISHA, OCCUPAT ON (Give kind at work done COUNTRY ? during most of working life, even if retired)
House Wife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WESSER 16 SOCIAL SECUR TY NO 17 INFORMANT SIEVERT 5/06 KENOLWIRTH AV EDMONSTON, MD MRS. BETTY-JO 579305135 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Acute thrombotic occlusion of right and left anterior, descending branches minutes Conditions, if any, which gave (b) And Myocardial infarction, posterior wall days nse to immediate couse (a) <u>u</u> PLE 10 From Stenosing coronary arteriosclerosis, severe vears stating the underlying couse buriol, cremotion, or removol, and 3 should be used 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNE, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART ITO) YES 🗽 NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF NJURY (Home form 20t (Cly or town) 20d N.LRY OCCURRED 20c TIME OF N. JRY Month, Day, Year foctory, street, office bldg , etc) FUNERAL DIRECTOR: Poge at work Inspection 🛣 21 I certify that I took charge of the remains described above, held an Autapsy [32] Inquiry X and in my opinion Natural causes Undetermined manner death resulted fram: Aggident Suicide . Hamicide 🗌 the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER Health prior SIGNATURE ģ DEPUTY MEDICAL EXAMINER DO Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street city Inwh or ounty) FORT LINCOLN VR ATSME (5

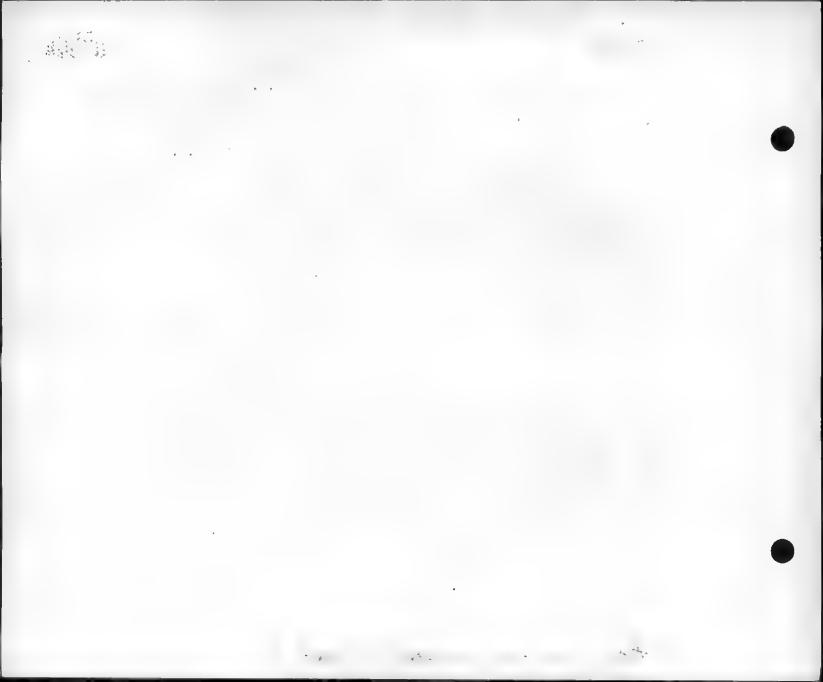
07101

00001

	OUTU	L		CEKTIFIC	CAIL	OF DEATH			U	100	10	
O.		ince Georg		MARYLA	ND	2. USUAL RESIDENCE (V	Vhere deceos	sed ived, if institution b COUN		ice before	odmissi	on)
b	CITY OR TOWN (If outside corporate limit	۶,	C. LENGTH OF STAY IN	1b	c CITY OR TOWN (If ou	tside corpora	nte mits, write RUR	AL and givi	e neoresi	fown)	
		d give pegrest town)		77 days		Washingto	n					
d.	NAME OF HOSPIT	AL OR INSTITUTION (IF n	ot in hospitol, g	ive street oddress)		d STREET ADDRESS				е	IS RESI	
G1	lenn Dal	e Hospital				3721 18th	St.,	N.E.				NO 3
	IME OF	F	rst	Middle		Lost	4 DATE	Month	า	Doy	Ye	ear
	rpe or print)	Bes	sie	L.		Henighan	OF DEATH	May	7	12	19	67
S SEX	X	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	X 8	. DATE OF BIRTH	9	AGE (In years	IF UNDER Months		IF UNDE	R 24 HRS
	Female	Negro	WIDOWED	DIVORCED		7/4/1916		50 yrs.	MOINT	Doys	nours	Min
		(Give kind of work done		ND OF BUSINESS OR	_	11. BIRTHPLACE (County)	& State, or for	reign country)	12 (1	TIZEN OF	WHAT	
auring	Jnemploy	life, even if retired) 7 .e. d	IIV.	oustry Unknown		North Car	olina		- (0	UNTRY?	SA	
13. F	ATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
A	Austin H	lenighan				Janie Hou	ston					
IS W	VAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	lé :	SOCIAL SECURITY NO	17, 1	NFORMANT		Addres	55			
(162)	No	fu les dise soi oi poiss	5	77-20-0526	D	ecedent						
1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Branchomeumonia Toley											
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Bron	chopneumoni	ia.					7 di	LYS	JEATH
	289	C DUE	TO									
	onditions, if ony	fol azuna a	(b)									
51	stoting the underlying couse (c). ost lost Malignant histiocytosis								6 months			
z P	ART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	DIT ON GIVE	N IN PART I(o)		19	WAS AUT PERFORM	OPSY
PAT 0	Pulmor	ary tuberc	ulosis								5 12	NO [
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCI	URRED (Enter notice of injury in t	Port Lor Por	1 1 of item 18,)				
MEDICAL	Oc TIME OF INJU Hour or P	16	20d III Whe otwork	Mot While m		E OF INJURY (Home, form ary, street, office bldg , etc.)		(City or town)	((0	uniy)		(Stote)
		fy that (½) (this has eceased alive an	pital) attend 5/12	red the deceased fr	am_2 id that	-24, l death accurred a6	9 <u>67</u> , 1 :00A.w	a5_12 1, fram causes o	, 1%_ and an t	7 , the	at <u>(}} (</u> stated	we) las d abave
	220. SIGNATURE	Une	Wes	1	M.D	1 /// 2		STAFF DHYS	5/	ATE SIGNE		
1	22c. PHYSICIAN'S NAME (Type)		s, M.D.			22d ADDRESS G1 Glenn Da1		ale Hospi ryland	tal			
230.	BURIAL CREMATIC REMOVAL (Specify	DN. 236 DATE TH	FREOF 67	23c. NAME OF CEMETE	RY OR (REMATORY	23d ,LO	CATION KITY OF TOWN	ر ا	(County)	C:	Stote)
24. 1	FUNERAL DIRECTO	reis to	moso	ADDRESS 38	9R.	ZAMAY DAMAY	BY REGISTR	1967 256 REC	GISTRARS S	IGNATUR	edge	

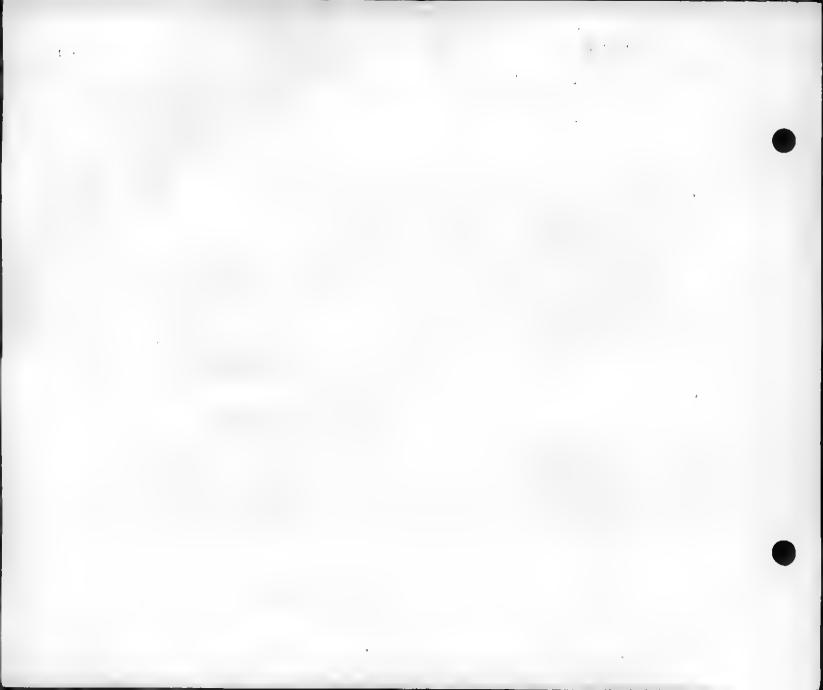
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifinate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending objection and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after dees Page 4 may be retained by the haspita or attending physician.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b COUNTY Pro Geo Co o. COUNTY Prince George's o. STATE MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate im ts write RURAL and give nearest town) write RURAL and give nearest town) DO A-New Carrollton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS Prince George's Hospital 7915 "egation "oad YES NO K 3 NAME OF Middle 4 DATE DECEASED (Type or print) May 12, 1967 H Hess Mabel DEATH 6. COLOR OR RACE AGE (In years F UNDER 1 YEAR 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 66 birthdoy) Sept 27, 1900 female white DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) Self employed COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maris Hoskins Victoria Dorby IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Steen (Yes, no, or unknown) (Ityes give war or dates of service) 577 30 7535 Donald II Wess New Carrollton, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse WAS AUTOPS! PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES [NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) e deceased from 1/26, 1957, to May 2, 1967, that (1) (we) last 1967, and that death accurred at 4:057M, from cooles and on the date stated above. saw the deceased alive an_ 22o. SIGNATURE DIRECTOR PHYS 22c. PHYSICIAN'S Gordon W helley NAME (Type) 23c NAME OF CEMETERY OR CREMATURY 23d LOCATION (City or Town) (Count Arlington Arlington 230 BURIAL CREMATION 23b DATE THEREOF (Stote) (County) REMOVAL (Specify) Burial Arlington National May 16, 1967 256 REGISTRARS SIGNATURE 24, FUNERAL DIRECTOR ADDRESS Hyattsville, Md. F. Gasch's Sons

The law requires that the death certificate be executed within 24 haurs after death remove carban rapproved ar remaval, చ Kehoe burial, crem of for use of Health printed O FUNERAL DIRECTOR: After this certificate bode director, page should be file VR A15 [4]



MADVIAND CTATE DEDADTMENT OF HEALTH

	AL RECORDS, 301 W. PRESTO			
07103 M	EDICAL EXAMINER'S	CERTIFICATE O	F DEATH	07083
PLACE OF DEATH o. COUNTY Prince George's b CITY OR TOWN (If outside corporate limits, write RURAI and give nearest town)	MARYLAND	o STATE Maryland	b. COUN	nce George Is
Cheverly d NAME OF HOSPITAL OR INSTITUTION (finet in hospital) Prince George General Ho	,	I and over d street address		e S RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) Alfred	Middle	lost Hicks	4. DATE Mont OF DEATH 5	
s sex 6 cotor or race 7 Mark	RIED NEVER MARRIED	8. DATE OF BIRTH 9. June 1792 11. BIRTHPLACE (Stote	9. AGE (In years last birthday) 12 yrs ar foreign country) Carolina	Months Doys Hours Min 2 CITIZEN OF WHAT COUNTRY? U.S.A
Wallie O. Hicks		14 MOTHER'S MAIDEN Lena F	Moore	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service)		nformant enjamin A	Posey Land	67th Ave.
601	ock and hemorrha			INTERVAL BETWEEN ONSET AND DEATH minutes
Total Tel	opture of oesopho com portal hypert		S	minutes months

	nse to immediate couse (a),	From portal hypertension	months
	stating the underlying cause DUE TO	From Cirrhosis of liver	years
	last (c)	From Chronic alcoholism	20 vrs
F1018.	PART I OTHER SIGN F CANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WA.AUTOPSY PERFORMED? YES [X] NO
ר בנצוויון	20g EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
PACU:CA	20x TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f (City or town) While at work at work at work	(County) (State)

21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 death resulted frage Accident Suicide ACTUAL SIGNATURE

Inspection x Hom cide Undetermined manner CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

22. DATE SIGNED

and in my apinian

John Kehoe, M.D. 230 BURIAL, CREMAT REMOVAL!

Riverdale, Md. 230 NAME OF CEMETERY OR CREMATORY

Address (Street city, town or county) 23d LOCATION (City or Town) 5-19-67 (State)

Inquiry oc.

24 FUNERAL DIRECTOR

NAME (Type)

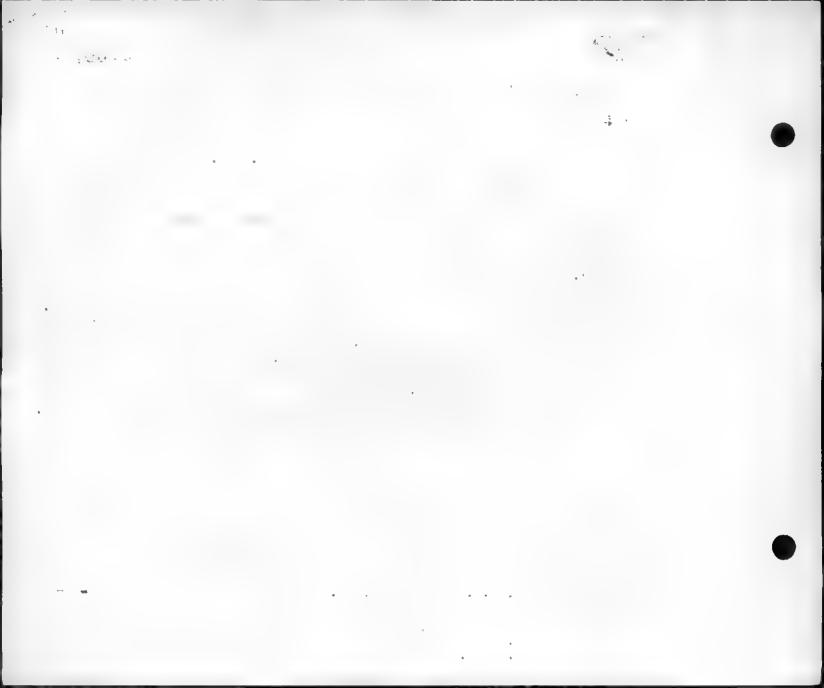
¥

Hines Whpany The lith St. Washington, D.C.

VR A15ME (51 6M 1/67

AL EXAMINER:

TI BEPRITY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07104 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o, COUNTY within 24 haurs after CHRIS-MAR 4 DATE Month Year DECEASED 0F Type or print) DEATH executed SEX DATE OF BIRTH 7 MARRIED (in years IF UNDER 24 HRS b thdoy) losi WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT that the death tertificate be during most of working life, even if retired) 0,5 NDUSTRY 13. FATHER'S NAME BUCKLEP 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) MARAVE-CLI 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN AC ARREST DEARDIAL INFARCTION PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove rse to immediate couse (a), DUE TO stoting the underlying couse NONE NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO COMPANY OF THE 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MOLAN CANADA 20c. TIME OF INJURY Month, Dov. Yea (County) (Stote) (this hespital) attended the deceased fram. 77___, that (1) (we) last ARRIL 22 19 67, and that death accurred at flam causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED STAFF 22c PHYSICIAN'S O HOSPITAL TO FUNERAL 8808 OLD BRANC director, 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) May 6th 1967 Washington Natil. Suitland. Maryland 250. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 25h 25M 1/67 Bros. 1661-Good Hope Rd SE DATE



DIVISION OF VITAL RECORDS 201 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

07105

07085

F						II a see						
- 1		PLACE OF DEATH D. COUNTY					TATE		ed lived, if institution b. COUNT		efore odm	ission)
- 1	,	Prince G	Porges		MARYLAN	ID M	aryland		De in	ce Geo	raac	
ŀ	1	CITY OR TOWN (If outside carparate le	Th 1 th 5,	c LENGTH OF STAY IN I	b COT	OR TOWN (If et.	rtside camora	te limits, write RURA	, and give ne	arest tawr	1
- 1		write RURAL and	give neorest town)			1			,	,		,
- 1-		Cheverly	II OD MICZIZIVION II		8 days		akoma Pa	rk		1. 1	1 42 0	FC OFNICE
	(I, NAME OF HOSPII	AL OR INSTITUTION (I	not in hospitol, i	give street oddress)	d. 511	EET ADDRESS				6 12 K	ES DENCE A FARM?
14		Prince G	eorges Ge	neral Ho	spital	64	13_Alle	gany A	Ave.		YES	NO [
Ī	3 I	NAME OF		First	Middle		Lost	4. DATE	Month		Doy	Year
	-	DECEASED Type or print)		Rov	R.	na.	ner	OF DEATH	May	2		19 67
ŀ	5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE	OF BIRTH		AGE (In years	IF UNDER 1 YE		DER 24 HRS
				WIDOWED					lost birthdoy)		ys Hou	rs Min
-	. 0	Male	White		hand t	_ 28	oct. 193	0	36 Yrs			
	ivo duni	DSUAL OCCUPATION	(Gore kind of work do life, gren if retired)	ne IUb Ki	IND OF BUSINESS OR	7 711-81	RIHPLACE (County	& State of for	eigh conutry)	12 CIT ZEL COUNT		
L		wuck	Nxuer) No	Kenne tuck	1	exames)	dece	L =	100	*, , .	
	13	FATHER'S NAME		O gra	ymond Hiner	14 M	DTHER'S MAIDEN I	NAME	0 0			
		REL	1444911	MLLIN			Liver)	Dock	- No.		
-	15	WAS DECEASED BY	R NUS ARMED FORCE	57 16	SOCIAL SECURITY NO	17 INFORM	INT /	87	Address	3 300	11/	
	(Ye	s, no, er unknown)	(If yes give war or dat	es of service)		(1)		1	9.	100	Mari	at ,
-						-ay	mond	1	huce)	Ger	do	sek.
		18 CAUSE OF DI	EATH (Enter only one TH WAS CAUSED BY-	couse per line for	(o), (b), and (c).)	-10	4.1110				INTERVA. ONSET AN	
	J	I AKI I DADA	IMMEDIATE CAL	SE (a)	Myladec		XH LUR	2			OHOLI AN	DEAIL
DUE TO DUE TO LIA JEED									2000			
	ı	Conditions, if ony		(b)	uni	MARCH	- 0	FVI	JER			
	ise to immediate cause (a), stoting the underlying cause DUE TO											
	last. (c)											
	ŀ	PART II OTHER SI	GNIESCANT CONDITION	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO THE TERM	NIMAL DISEASE COL	ND TION GIVE	N IN PART 1(n)	1	9 WAS	UTOPSY
1	5				D DAME DO HOT KEETE	D 10 1116 1210	MINIE DITALINE COL	ab itott offic	a a raid · (v)	}		RMED?
	3	AA 455 B1412 11 11		Tan a	Adalas contra bulliant Accus		- *				162 64	NO _
	MEDICAL CERTIFICATION	20o ACC DENT WAS OR CONTRIBUTING	CAUSE OF DEATH	206 06	SCRIBE HOW INJURY OCCU	KKED (Enter no	iture of injury in	Part 1 or Part	t It of item (B)			
			MEDICAL EXAMINER)									
	2	20c TIME OF INJU	JRY Month, Day, Yea	20d II	NJURY OCCURRED 20		IURY (Home, form		(City or town)	(County)	(Stote)
	E	Hour or		9 While	NJURY OCCURRED 20 Not While at work	toctory, stree	t, office bldg., etc)					
	ľ	F		asnital) atten	dad the deceased fro	m Max	16 1	967 to	Man 2	1 1067	that ((wa) last
		snurtha di	prenced alive an	Man 24	ded the deceased fro	that death	accurred at	6 -45 M	from courses of	nd on the	dato sta	tog apono
		22 g. SIGNATURE	ctedaed dilve dil	may 24	10/-/ 4110	7 11107 00011	accorded ar	.4.4.1.2.4.01	, nuni cuoses u	22b. DATE S	CICHED	ied unove.
	- 1	220. SISHAI OKL	Meuran	armo.		ATT	NDING NO	MED.	STAFF	ZZU. DAIE.	NONED	
		OD - DUNCTELANCE				M.D PHY	d. ADDRESS	DIRECTOR	PHYS XX			
-1		22c. PHYSICIAN'S NAME (Type)	T.1	4/00110	UDEZ HD	1						
									General		al	
- 1	23a	BURIAL, CREMATIC REMOVAL Specify		THEREOF	230 NAME OF CENTETER	Y OR CREMATO	PRY	23d LO	CAT ON (City or Tow	n) n (Coi	un/y)	(State)
	1	1 Ky	sall 1	12476-19	47 LACKE	Frech	-			Lough		76.
	24	PUNERAL DIRECTO	R (Thalle)	7 #	ADDRESS Chi	436417	2So. RECT	BY REGISTR	AR 2Sb REG	STRAR SAIGN	ATJRE	1
1	7	CHOUNE	Thanks	2354	Carrell S	7-1000	DATE		1007 00	limber	Ound	et.
(L	-			7		, c = sc	WA	Y 29	196/ //	Con Chy	11	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please (research pages) have been burial-transit permit. Then please (research pages) have been of Health priar to burial, crematian, or remayar, and in any eyent, within 72 haurs after death. TO MOSPITAL OR ATTENDING ENVIICENT: The law requires that the death certificate be executed within 24 haurs, ofter death.

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



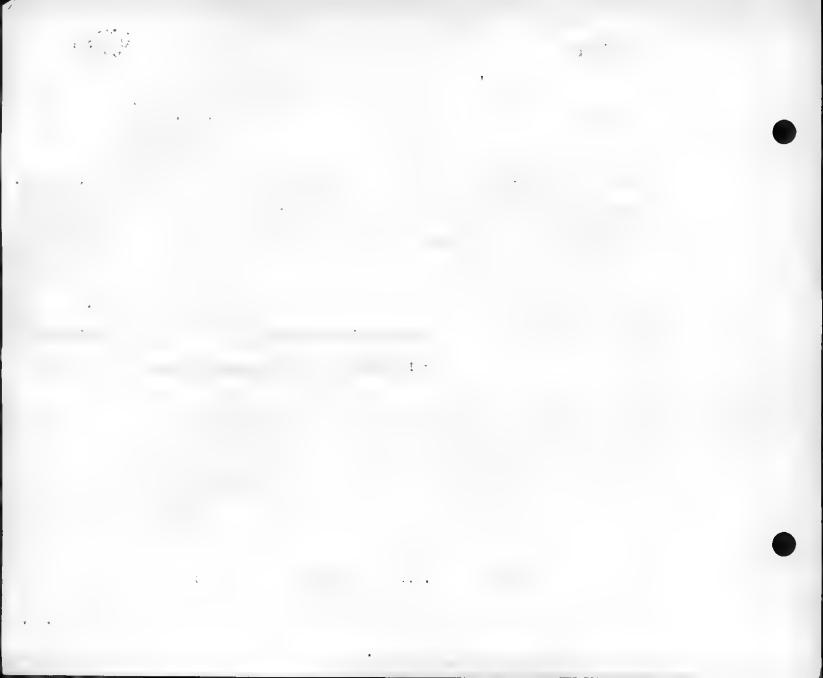
FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil im Item 18 Give Pages 1, 2, and 3 to the function Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yaur files TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-trans.t permit. File pages I and with the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If Giry delay is Health priar ta burial, cremation, or removal, and in any event within 72 hours after death.

> VR A15ME (5) 6M 1/67

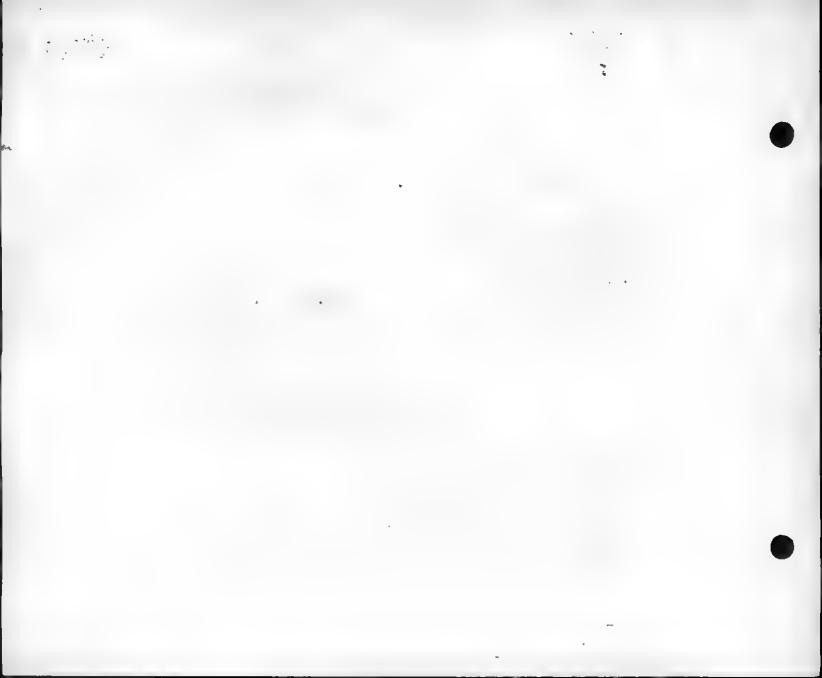
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	7106_		MEDI	CAL EXAMIN	ER'S	CERTIFICATE O	F DEAT	H	07	086	
o COUNT		ce Georg	ge¹s	MARY	LAND	2 USUAL RESIDENCE (V		ed lived if institut b COUN	or Residence Pro	George t	n) S
b CITY O	R TOWN (If outside	corporate limits	0	C LENGTH OF STAY IN	4 1b	C C TY OR TOWN (If ou	side corporo	te mits, write RUS	AL and give	neorest tawn)	
	Bladensb		verly	D O A		Bladen	sburg,	Md.		16.1	
	of hospital or Ni ice Georg					d STREET ADDRESS 5643	Annapo	lis Road	l	e IS RES D ON A FA YES	ENCE RM2 NO X
3 NAME OF DECEASES (Type or)	First Ruth		Middle Land]	lost H oke	4 DATE OII DEATH	Mont Ma		Day Yea 6 , 19	67.
s sex femal			7 MARRIED [WIDOWED [NEVER MARR ED DIVORCED	l-md	Dec 24, 190		AGE (In years 581 b rthdoy) yrs	F UNDER 1	Doys Hours	24 HRS Min.
during most o	CCUPATION (Give kir of working life, even Lles cler	if retired)		D OF BUSINESS OR	ator	South	_	.,		IZEN OF WHAT UNTRY? S A.	
13. FATHER'S			and			14. MOTHER'S MAIDEN !	NAME Unknow	m			
15. WAS DEC (Yes, no, or u	EASED EVER IN U.S. /	ARMED FORCES? ve wor or dotes of	16 50 578	OCIAL SECURITY NO 8 28 8651		nformant bert Hoke	B1	Addre adensbur		d.	
18 CAI	USE OF DEATH (Ent	er only one couse (AUSED BY MEDIATE CAUSE (o	per line for (o), (b), and (c)) Subarach	noid	hemorrhage				INTERVAL BETW	
rise to i	ns if ony, which g mmediate cause the <u>underlying co</u>	(a), (DUE 70)	Hyp!erte	nsive	e cardio vas	scular	disease		Unknown	
PART I	OTHER SIGN FICAN	T CONDIT ONS COL	TRIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERM NAL DISEASE CON	nDITION G VE	N IN PART I(a)		19 WAS AUTO PERFORME YES K	PSY D? NO
PRIMAR	TERNAL CAUSE WAS Y Tor CONTRIBUTION OF DEATH	vG □	2Db DES	CRIBE HOW INJURY OC	CURRED (Enter noture of in cry in	Port I or Por	t II of item 18 j			
ADC. TIN	AE OF INJURY Mon Hour o.m p.m	th, Doy, Year	While	Not While of work		E OF INJURY (Home, form iry, street, office bldg , etc.)		(City or town)	(Co.	?) (ytnu	Store)
21	I certify that	l took charge	of the rem	ains described ab	ave, he	d an Autapsy 🕱),	Inspects	on 🕱 , Inqu	лгу 🔀,	and in my o	opinior
dea	th resulted from	n. Notural	couses	, Academ [],	Suici			ndetermined in	anner _]	
ACTUAL SIGNAT		Jos	kn	Ket	la	CHIEF MEDICAL ASSISTANT MED	CA. EXAMIN			22. DATE	SIGNED
EXAMIN NAME (iver	Address (Street	, city, town,	or county)		5-7-67	
	CREMATION, AL (Specify)	May 9, 1		23c NAME OF CEME Stanley			23d .0 Stan	CATION (City or To-	aston		otej C.
24 FUNERA		- 7 - 1 -		ADDRESS	- 011.0		BY REGISTR	AR 25b RE	GISTRAR S SI	GNATURE	~*
F.	Gasch's	Sons	Hvatts	sville. Md		nMA1	1.0.1	967 KC	liarle	y Judge	





- 22		0 1 1 0 1	CERTIFICATE	OF DEATH	U	1009
funeral funeral	1.	PLACE OF DEATH O. (OUNTY		2 USUAL RESIDENCE (Where deceos		befare adm ssion)
P 2-5		PRINCE GEORGES	MARYLAND	MARYLAND		ORGES
by the fusion of		 b CITY OR TOWN (If aclside corporate fim write RURAL and give nearest town) 	s, c. LÉNGTH OF STAY IN 16	c CITY OR TOWN (If outside carpora	te imits, write RURAL and give n	earest town)
hours of the s. Page hours	<u>_</u>	ANDREWS AF BASE	35 days	BOWIE	,	·
4 hd lin ers. 72 h		d NAME OF HOSPITAL OR INSTITUTION (IF	of in hospital, give street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?
filled in papers. Thin 72 h		USAF HOSPITAL A	IDREWS	3540 MADONA L	ANE	YES NO X
with with	3	NAME OF DECEASED	rrst Middle	Losi 4 DATE OF	Manth	Day Year
e executed with and completely remove Corbon in ony event, we		(Type or print) JOYCE	T.	HOPPE DEATH	MAY 11	1967
en de se	5	SEX 6 COLOR OR RACE	7. MARRIED XX NEVER MARRIED B.	DATE OF BIRTH 9	AGE (In years IF UNDER 1 Y	EAR IF JNDER 24 HRS
d co		FEMALE CAU		30 JUN 35	31 yrs.	
rian and eose rem	IDo	USUA. OCC::PATION (Give kind of work dan ing most of working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for	reign cauntry) 12 CIT ZI	EN OF WHAT
ate cian eos ond		HOUSEWIFE	NA	BIRMINGHAM A 14. MOTHER'S MAIDEN NAME	LABAMA U	ISA
hys.	13.	FATHER S NAME				
rer The ma	L.	S.E. Thompson		LILLIAN HORSI		
requires that the deoth tertificate be executed within 24 hours after death a physicion. I signed by the attending physician and completely filled in by the funeral buriol-tronsit permit. Then pleose remove carbon papers. Pages I and burial, crematian, or remavol, and in any event, within 72 hours offended burial.	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES is, no, or unknown) (If yes give war ar dote N.O. N.A.	of service) Carp	FORMANT SEAND A. Hoppa	Address AME AS #2	
that the d on. by the attronsit perr cremation,	-	18 CAUSE OF DEATH (Enter only one of		2777147	111111111111111111111111111111111111111	INTERVAL BETWEEN
the the mat			(o) RENAL AND HEPATIC	2 FATLURE		ONSET AND DEATH
the cre			10	<u> </u>		
equires that the physicion. signed by the buriol-tronsit burial, cremat		Conditions, if any, which gave	(b) METASTATIC CARCIN	NOMA		1 Month
sig bu		rise to immediate couse (a), (stating the underlying cause (10			
w ding een the r to		lost.	()ADENOCARCINOMA OI	F COLON		
	z	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
Or off or off or off or off or off	CERTIFICATION					YES A NO
IAN: ral or ficate for u	E E	2Dd ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURRED (E	inter nature of injury in Part I or Par	fill of item 18.)	
rspii pspii certi hed t. of		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSIC ne hospi this certi etached Dept. o	MEDICAL	2Dc TIME OF WAIRY Month, Day, Year Hour a.m.		OF INIURY (Hame, form 20th ry, street, office blog jets)	(City or town) (Count	y) (Stote)
ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detached for u ith the Stote Dept. of Heal	2	pm 19	of work at work			
MDI d b d b d b		21. I certify that XIX(this ha	spital) attended the deceased from	6 April , 19 67t	11 May , 1967	, that (4) (we) last
R ATTENI retained ECTOR: A 3 should with the		saw the deceased alive on 220 SIGNATURE	11 May 19 67, and that	death accurred of 11:25 M	from causes and an the	
		220 SIGNATURE	De seules	ATTENDING MED	CTACC	1ay 1967
		22c PHYS CIAN S	Ch -30 WI	PHYS LI DIRECTOR 22d ADDRESS USAF F	Hospital Andr	
MAI RAI pag		NAME (Type)WARREN E	JOHNSON, CAPT, USA	21.0	s AFB Wash I	
다 구 변 p p	230	BURIAL, CREMATION, 23b. DATE T	EREOF 23c NAME OF CEMETERY OR CE			ounty) (State)
O HO: Page O FUN direct	Re	REMOVAL (Specify) moval—Burial May	15, 1967 Spring Grove	Cemetery Cir		Itor Ohio
*	B	EUNERAL DIRECTOR. Hopping	ADDRESS /	2SaT REC'D BY REGISTR	AR 2Sb. REGISTRAR'S SIGN	NATURE
VR A15 (4) 25M 1/67	HC	PPING FUNERAL HOME	- Annapolis Markland	DAMAY 15	1967 Jolianles	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed level if institution: Residence before admission) 1 PLACE OF GEATH b...COUNTY a. COBINTY and campletely filled in by the fur remove carbon papers. Pages 1 MARYLAND CITY OR TOWN (If outside corporate multi ELENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RuRAL and give pearest town) The law requires that the death certificate be executed within 24 haurs EVERLY e IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street address) 24 YES NO DE NAME OF Year OECEASED OF DEATH Type or print) IE UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** thdoy) Months Oavs Hours WIOOWED OIVORCED 12. CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR during post of work notifie, even if retired) COUNTRY & 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Jennings 16. SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF CEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND CEATH PART I, OEATH WAS CAUSED BY. laucinoma IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. **OUE TO** Conditions, if ony, which gove rise to immediate cause (a), **OUE TO** stoting the underlying couse has been be detached far use as the State Dept. af Health priar to 19. WAS AUTOPSY PERFORMEO? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Doy, Yeor 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram. director, mage 3 shauld shauld be filed with the 19 67, and that death accurred at 550 PM, fram causes and on the date stated above. saw the deceased alive an.... 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING ∇ OIRECTOR M.O. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) (Stote) (County) 230 BUR AL CREMATION 23b DATE THEREO 23c REMOVAL (Specify)

REGISTRAR'S SIGNATUR

VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07110 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) Prince George's COUNTY 2, and 3 to PM3. Page the State Deportment of Prince George's MARY, AND b CITY OR TOWN (I outside corporate limits write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits write RURA, and give nearest town) c LENGTH OF STAY IN 16 DOA Greenbelt Cheverly e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS the certificate, writing the ward 'penaing" in penal in Item 18. Give Pages 1, 3 4 should be forwarded to the Ch ef Medicol Examiner's Office along with farm Prince George's General Hospital 25-G Ridge Road YES NO X This cert ficate should be executed with n 24 hours after death 3 NAME OF 4 DATE Month Yeor DECEASED Huffman 28 19 67 John Marvin DEATH (Type or print) IF LNDER 1 YEAR 5 SEX 6 COLOR OR RACE 7 MARRIED X B DATE OF BIRTH 9 AGE (In years F JNDER 24 HRS NEVER MARRIED 28 birthdoy) Months Hours 9-13-38 any event within 72 hours ofter death WIDOWED DIVORCED white male burial-transit permit. File pages 1 and 2 10b KIND OF BUSINESS OR 10a JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT during most of working ite, even if retired) WELDER COUNTRY? AMERIPOAN TRON WORKS WASH. D.C. USA 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME RALEIGH R. HUFFMAN RETA BISHOP IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) 214-36-2619 Derethy L. Huffman Wife Same as #2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Sub-arachnoid hemorrhage IMMEDIATE CAUSE (o) DUE TO Rupture of aneurysm of circle of Willis MINGTES Conditions, if only, which gove rise to immediate cause (a). ond in a DUE TO stoting the underlying couse 0 lost be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. D SEASE CONDITION G. VEN IN PART I(6) cremotion, or removal, CERTIFICATION YES X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of incry in Port of Port II of item 18) 3 should PRIMARY CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, farm ICty or town? ((ounty) 20c TIME OF INJURY Month, Day Year foctory, street office bldg etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X. Inquiry X ond in my opinion the funeral director. Natural couses X . Accident death resulted from Su'cide Homicide Ungetermined manner CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MED CAL EXAMINER 5-28-67 **EXAM NER'S** Health NAME (Type) John Kehge M.D., Riverdale, Maryland Address (Street city, town or county) 23d LOCATION (City of Town) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 50 FT. LINCOLN COLMAR MANOR, MARYLAND 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

1739 Haltimore Ave. Hyattsville, Md. DAMAY

VR A15ME (5)

6M 1/67

to any section of the section of

Γ

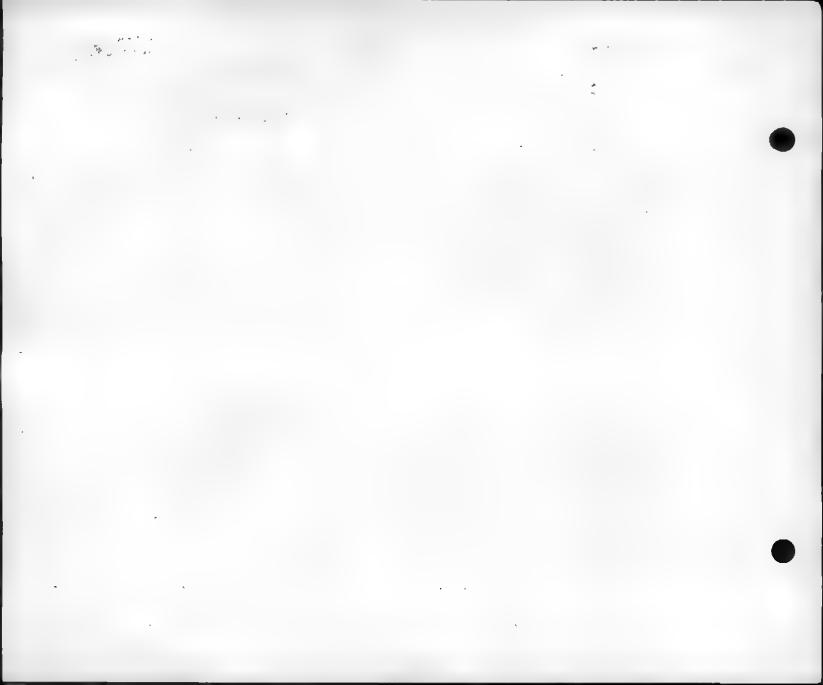
		07111			CERTIFIC	ATE	OF DEATH			Ŋ	709	11	
		PLACE OF DEATH COUNTY	Prince Ge	orge's	MARYLA	.ND	2. USUAL RESIDENCE (W	there decea	sed ived, if institution b COU	tion Residence	e befare a	dm ssion)	's
	1	city OR TOWN (write RURAL and Cheve	f outside carparate limit give nearest tawn)	rs,	c LENGTH OF STAY IN 1 day	1b	c CITY OR TOWN (IF our Hyatt	4	,	IRAL and give	nearest to	wn)	
4	-{		AL OR INSTITUTION (If n				d STREET ADDRESS 5104	72nd	Avenue		e is residence on a farm? yes \ no \rightarrow		42
	Ĺ	NAME OF DECEASED Type or print)		_{ist} atherin	Middle e		(Humphries) Humphreys	4 DATE OF DEATH	Man	Month flay		Year 19 6 7	,
	5 5	Female	6 (OLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		4/17/80		9 AGE (n years lost birthday) yrs	IF JNDER 1 Months		UNDER 24	HRS Min
	duri	USUAL OCCUPATION ng mast of warking OUSE FATHER'S NAME	(Give kind of work done life, even if retired) Wife		ND OF BUSINESS OR DUSTRY		D C.		этеідп соиптсу)		ZEN OF WINTRY?	HAT	
	10	Sami	iel H.At	well			Sarah		Cole				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Robert C. Humphrie							Addr	ess same a	as#	2.1)		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave nse to immediate cause (a), stating the underlying cause lost (c)											
	CERTIFICATION	20g ACCIDENT WAS	RDO	nine	767	-	THE TERMINAL DISEASE CON Conternature of injury in 1				19 W. PE YES	AS AUTOPS REORMED? NO	**************************************
	MEDICAL	20c TIME OF INJU	IRY Manth, Day, Year	While	Nat While		CE OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(City at town)	(Cau		et2)	
		21 I certify that (I) (this haspital) attended the deceased fram									stated a) last bave.	
		BURIAL, CREMATIC BURY STITY	5.9.		Cedar H		l Cemetery	Su	ocation (City or To itland.	Mary		(State	e)
	24	FUNERAL DIRECTO		2/	ADDRESS	0.	CY (11)	8Y REGIST	RAR 25b R	EGISTRAR'S SI		48.	

TO MUSPITAL OF ETTINGING PHYSICEN: The low requires that the death certificate be executed within 24 hours after déathm

Tage II may be ratoined by the haspital ar attending physician.

VR A15 (4) 25M 1/67

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and correletely filled in by the funeral director, page 3 shauld be detached for use as the bur al-transit permit. Then please remark choor papers. Pages 1 and 2 shauld be filed with the State Dept of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH VITAL RECORDS, 301 W. PRESTO FALLICAL EXAMINER'S DIVISION OF VITAL RECORDS

07112

FOR STATE

Late Department of

in grand in Item 18. Give Pages 1, 2, and 3 to

This certificate should be maecuted within 24 haurs after death

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along 5 may be retained for your fines TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with Health prior to bund, cremation, or remaval, and in any event within 72 hours after death

please emecute the certificate, writing the word 'pemding"

THE BETTY MEDICAL EXAMETER:

necessary,

PRESTON STREET, BALTIMORE, MARYLAND 21201

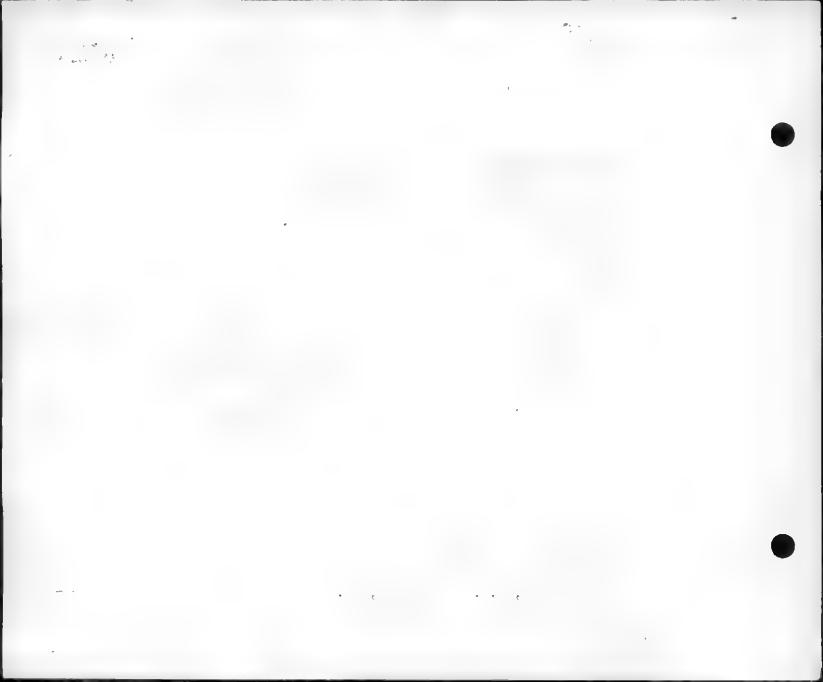
18,

TIFICATE O	F DEATH	07	092
ISUAL RESIDENCE (Where deceased	lived, if institution b. COUNTY	Residence before admission
aryland		Prince	George's and give nearest fown)
ITY OR TOWN (If ou	itside carparate l	imits, write RURAL	and give nearest town)

geliarles Judge

o. COUNT			2 USUAL RESIDENCE (Where deceased in	red, if institution: Residence	before admission)
D. LUGHT	Prince George's	MARYLAND	Maryland	Prince Geor	re i c
	R TOWN (If autside corparate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carparate Im		
	RURAL and give nearest town)	DOA	Hillside	9	
	OF HOSPITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS		e IS RES DENCE
Prin	ce George General Hos	enital	5287 Marlboro Pike		YES NO T
3 NAME O		Middle	Lost 4 DATE	Manth	Day Year
DECEASE (Type or		Lvnn	ewell OF DEATH	5	2 19 67
S SEX	6 COLOR OR RACE 7 MARRIE		8. DATE OF BIRTH 9 AG	[In years IF UNDER I	YEAR IF UNDER 24 HRSV
Fema	le White WIDOWE		10 Jan. 1967	t birthday) Months	Days Hours Min
IDo USUAL O	CCUPATION (Give kind of work done IDb	K ND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country		EN OF WHAT
during mast o	of working life, even if retired)	INDUSTRY	MARVIAN	CON	NTRY?
13. FATHER	5 NAME		14. MOTHER'S MAIDEN NAME		
D	MOIN F TE	115/1	Alice o	A1.1.150	20/
15 WAS DE	EASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17	INFORMANT	Address	- AS
(Yes, na, art	(If yes give war ar dates of service)	NONE D	NAGO E-JEWEL	Address AME	77-3
18 CA	USE OF DEATH (Enter only one cause per line f		NOTON - VENER		INTERVAL BETWEEN
	ART I DEATH WAS CAUSED BY				ONSET AND DEATH
1110	IMMEDIATE CAUSE (a)	Pneumonitis			Ter-h
Conditio	and of any which ages	(SDIT) Due	to Diplococcus pneu	moniae	
rise to	mmediate cause (a),	(DDII) Due	to Dipiococcus pared	MONTAR	
stating last	the underlying couse				
) (c)	TO BEATH BUT HOT BELATER TO	THE PERSON OF TH	DART 14 V	19 WAS AUTOPSY
PARIL	OTHER SIGN F CANT CONDITIONS CONTRIBUTING	3 TO DEATH BUT NOT RELATED TO	THE TERM NAT DISEASE CONDITION GIVEN IN	PARI IIaj	PERFORMED?
PRIMAR	Y □ or CONTRIBUTING □	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II o	item 18)	
	OF DEATH	INJURY OCCURRED 2De PLA	CE OF INJURY (Hame, form, 2Df (Cd)	y or town) (Coun	ty) (Stote)
Zuc. III	ME OF INJURY Manth, Doy, Year Haur a.m. P m 19 at w	ile Not While I faci	cer or invoke (name, name, name, all zor (car) or rower) (Coun	(31014)
21	I certify that I taak charge of the r	emains described abave, he	ld an Autopsy 🔀 , Inspection	Inquiry 😿	and in my apinion
	th resulted from Natural causes			ermined monner	
			CHIEF MEDICAL EXAMINER		
SIGNAT		Mr	M D ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED
EXAMIL	1		DEPUTY MEDICAL EXAMINER		
NAME	Type/John Kehoe, M.D.	Riverdale, Md			5-2-67
230 B RIAL REMOV	CREMATION 23b. DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION FINETERY HOL	1 -1 . 1 . 1	County) (State)
24 BUNBRA	ALDRECTOR A	AFLIDECT /	25g PEC D BY PECISTRAP	25b REG STRAR S SIG	NATURE
WILL !	hambers 5/1-11	1555 E Was	SDC. MAY F 40CT	0.07	

VR A15ME (5) 6M 1/67



. 2			07113 CERTIFICATI	E OF DEATH	07098						
g physician and campletely filled in by the Yeneral Then please remave carbon papers. Pages 1 and 2 moval, and in any eventy within			PLACE OF DEATH D. COUNTY Prince George MARYLAND		b. COUNTY Prince Georg						
by the Page: laurs of			CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	c CTY OR TOWN (If outside corporate limits, w	16:1						
popers popers	1,		s. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince George General Hospital	R. F. D. # 172	e IS RESIDENCE ON A FARM? YES NO EX						
letely de la composition della	A B		Type or print)	Johnson Sr. 4 DATE MA							
d camp mave ([ale White WIDOWED DIVORCED	Jan 6, 1904 6 6 birth	rs Months Doys Hours Min						
tian an ease re and in c		dul	USUAL OCCUPATION (Give kind of work done PRESS OR D. WISTRGoverment		y) .2 CIT ZEN OF WHAT UQJBRY A.						
physical phy			FATHER'S NAME Thomas F. Johnson	14. MOTHER'S MAIDEN NAME Adeline McCoy							
the attending sit permit. Th nation, ar rem		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 19. OF Unknown) (If yes g ve wor or dotes of service) 216 46 0371 17. INFORMANT May E. Johnson Lanham, Maryland									
physician. signed by the attending physician and camplet burial-transit permit. Then please remave dar burial, cremation, ar removal, and in any eventy			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	y Mulas	INTERVAL BETWEEN ONSET AND DEATH						
physician. signed by the burial-transit burial, cremat			Conditions, if ony, which gove ise to immediate couse (0).	ic Heat Desere							
as been si as the bi			stoting the underlying couse DUE 10 (c)								
o 노 % 푼	1	CATEON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		YES NO X						
pital tiflica d for af He	•	L CERTIFICATION	206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item	18)						
this the halo		MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour a.m. 19 20d INJURY OCCURRED for ot work at work at work 20e. PL	ACE OF INJURY (Home, form, 20f (City or to ctory, street, office bldg., etc.)	(etot2) (Yinuo) (nwo						
0 0 0			21. I certify that (I) (this hospital) attended the deceased fram_saw the deceased alive an week 2 19 67, and the	at death accurred at (2) 8. M, fram co	auses and an the date stated abov						
Nage A may be refaine 10 FUNERAL DIRECTOR: director, page 3 should should be filed with th				ATTENDING MED. STAF							
llage a may be a O FUNERAL DIRE director, page 3 , shavid be filed v	1		PHYSICIAN S NAME (Type) Aaron Deitz, M. D.		za Hyattsville, Md.						
Ilage 10 FU) direct shau	(230	BUTTLE 23b. DATE THEREOF 23c NAME OF CEMETERY OR 5/6/67 Ft. Lincol	· ·	Y or Town) (County) (Stote) Manor P. G. Md.						

1967

Francis Gasch's Sons Hyattsville, Md.

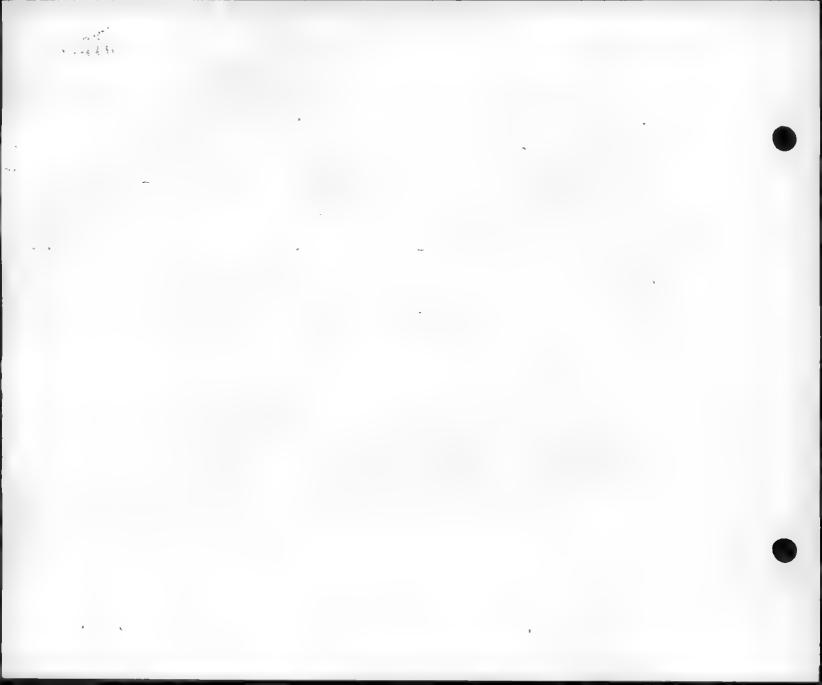
TO MODIFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours streets VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

- 1942	L	00114		CERTIFI	CAIL	OI DEATH			U.	1034	
意とき	1.	PLACE OF DEATH				2 USUAL RESIDENCE	(Where deceose	ed lived, if institut	ian: Residence b	efare admission)
9 200		COUNTY Prince Georg	es	MARY	LAND	o. STATE	land	b. COUI	Pri	nce Geo:	rde
ffer e fr es l	_	CITY OR TOWN (if outside corporate I		c LENGTH OF STAY II		c. CITY OR TOWN (IF o		to firmite write PIII			- BC
th the sage	7.	write RURAL and give nearest town)	~1.o		* 10	Mt. Rair		e IIIIII15, WITTE KOI	KME DIED GIVE HE	miazi inanii)	
yd . oʻ				l day			17.61		1	1	
4 h		NAME OF HOSPITAL OR INSTITUTION (I		give street address)		d STREET ADDRESS				e IS RESIDE ON A FAR	M?
Illed I	1	lugene Leland Memo	rial			4100 - 30	th Str	reet		YES N	
ith on with with		NAME OF	First	Middle		Last	4. DATE	Mani		Day Year	
orbert 1,		DECEASED Loraine		Ruby	Jo	hnson	OF DEATH	5-	- 6	19 6'	7
ote be executed within 24 hours after kind and completely filled in by the fur layer remove corbon papers. Pages I and a my event, within 72 hours ofter and a my event.	S	SEX 6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	IF UNDER 1 YE		
Cect	E	emale White	WIDOWED	DIVORCED		3-10-20		lost birthday)	Months Do	rys Haurs	Min
physicion and one polysicion and one plays reminovol, and preminovol,	1Dn	. USUAL OCCUPATION (Give kind of work di		IND OF BUSINESS OR		11. BIRTHPLACE (Count	2 State or for	Print I	12 (17175)	N OF WHAT	
\$ 2 a	dur	ng mast of working life, even if retired) 10USEWILLE		IDUSTRY		Va.	(a 3 a a c , o i los	eigh Comity/	COUNT		
8 CC 8		FATHER S NAME					114845			U.U	*
tific bys o, o	13					14. MOTHER'S MAIDEN					
G P P P P P P P P P P P P P P P P P P P	L	Feff Moore				Minnie	Susan	Adams			
# # <u>F</u>	15	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) ((If yes give wor or day	S? 16	SOCIAL SECURITY NO.	17, 1	NFORMANT		Addre	955		
ne deoth ce ottending p permit. The ion, or remo			21	77-24-7728		Hospital Re	ecords				
requires that the deoth certificate be executed within 24 hours after death a physician. signed by the ottending physicion and completely filled in by the fundate build-transit permit. Then playse remove corbon papers. Pages 1 Indeed buriel, cremation, or removal, and event, within 72 hours ofter death		18. CAUSE OF DEATH (Enter only one			-					INTERVAL BETW	EEN
the the nst purchased		PART I DEATH WAS CAUSED BY	Δ	CUTT	PH	UCREA!	5			PINSET AND DE	ATH
ere transfer and the creeking t		ST10 IMMEDIATE CAI	UE TO							0/17	
physician. physician. signed by the buriol-transit l		Canditians, if any, which gove 1									
phy sign bur		rise to immediate cause (a),	(b) UE TO						+-		
ng en to		stating the underlying cause									
e low retending os been as the prior to		,	(ε)								
he atte	₹	PART II. OTHER SIGNIFICANT CONDITION							1	WAS AUTOP PERFORMED	
AN: The old or of old or of old or of old or old or use Health	S	HEMURRE		A STRITTI			FAILL		BES 179	YES NO	
fice for the He	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	20b. D1	ESCRIBE HOW INJURY OF	CŮRRED.	(Enter nature at injury in	Part 1 or Part	(I of item 1B)	/		
Spitch sp		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
PHYSIC ne hospi this cert etoched Dept. o	MEDICAL	2Dr. TIME OF INJURY Manth, Doy, Yea	2Dd. 1	NJURY OCCURRED	20e PLA	CE OF INJURY (Hame, far	m, 20f.	(City or town)	(County) (Ste	ote)
the det	MED	Haur a.m.	White		fact	ary, street, affice bldg., etc	.)				
		21. I certify that (I) (this I	GI WG			5-1	10/7 10		7 10 (7	h Alama (1) (- \ I
ATTENDIN etoined by CTOR: Afte should be rith the Sto		saw the deceased alive an	osbitor) ottevi	ded the deceased to	nd that	dooth grouped o	17 <u>07</u> , 10	from courses	and on the	, that (I) (Wi	aj idsi
R ATTEN retoined ECTOR: / 3 should with the		22g. SIGNATURE	1 - 3	17,07,0	na ma	r deptil accorded o	II - PT IN	, HOITI LUUSES	22b DATE		odave.
ret S si With		220. SIGNATURE	7771111	,		ATTENDING PHYS	MED	STAFF PHYS	22B DATES	SIGNED .	7
OR ATTEN be retoined DIRECTOR: ge 3 should led with the		CO. Dibericianis	Julia	lun	M.C	PHYS. LED	DIRECTOR	PHYS _	11 2	10	
TO HOSPITAL Poge 4 may to FUNERAL Director, page should be file		22c. PHYSICIAN'S NAME (Type)	to UMA	ν'ν		220. AUUKt33	RIVE	ROALE			
O HOSPI Poge 4 r O FUNER director, should i	230	BURIAL, CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY OR	CREMATORY .	23d. LO	CATION (City or To	wn) (Car	unty) (Stol	te)
Pog Pog dire		REMOVAL (Specify) Burial 5/19	/67	Fort	Line	coln Cem.		nar man	,		,
1	24					LAND 250 REC	D BY REGISTRA		GISTRAR S SIGN		
VR A15 (4) 25M 1/67		FUNERAL DIRECTOR Nalley's	uner	at nome x			Y 1 1			udge	b
231111100 1	_/	VALLEY FUNERAL	HOME .	1117	KAL	DAILE DAILE	Y T	,009		0	

07094



fillerall (TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fived in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07115
CERTIFICATE OF DEATH
07095

	07115	C	ERTIFICATE	OF DEATH		U7U95
F		ORGE COUNT)	MARYLAND	MARYLAN	here deceased lived, If institution b. COUNTY	VGE GEORGE
	b. CITY OR TOWN (if outside write RURAL and give no	e corporate limits, c. LENG	TH OF STAY IN 16	0	de corporate limits, write Ri	JRAL and give nearest town)
	d. NAME OF HOSPITAL OR II	NSTITUTION (if not in hospital, g	12	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1/3	NAME OF	IR FORCE BASE	Middle	5'2c 2 COLU.	MBIA / ERR/	Day Year
	DECEASED (Type or print)	HARALD F	RICHARD	JONES	DE ATH MAY	20 1967
5	. SEX 6. COLOR	OR RACE 7. MARRIED NEV	ER MARRIED 8		9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS.
	MALE IWHI	TE WIDOWED	DIVORCED 2	5 JULY 1899	67 yrs.	
q	Da. USUAL OCCUPATION (Give kin uring most of working life, eve	n If retired) 🔝 INDUSTRY		11. BIRTHPLACE (County		2. CITIZEN OF WHAT COUNTRY?
1	A BORER 3. FATHER'S NAME	COMSTA	UCTION	14. MOTHER'S MAIDEN N	AME	UISHI
	HARKY	JONES		CHARLOTT	TE MALOI	VE.
	5. WAS DECEASED EVER IN U.S. Yes, no, of unknown) (If yes glyow	ARMED FORCES? 16. SOCIAL S		INFORMANT	Address	1.C - A A
_	No 160	NZ 1008 0	3 4270 MAI	RIE V. JONES	CAMP SP 19	INGS, MD.
	18. CAUSE OF DEATH [Ent	or only one cause per line for (a), (b), and (c).]	11 -1	mfred	ONSET AND DEATH
١	IMMEDIA:	TE CAUSE (a)	COKNI	+1711	1000	
l	Cenditions, If any, which	DUE TO	CX105C	100-tic +	fact Asso	CSE2
	gave rise to immediate cause (a), stating the	DUE TO				
Z	underlying cause last.	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT DELAT	ED TO THE TERMINAL DISEA	SECONDITION CIVEN IN DART	1(a) 119, WAS AUTOPSY
CERTIFICATION	PARTITIONER SIGNIFICANT	CONDITIONS	DEATH BUTHOT REDAT	ED TO THE TERMINAL DISES.	SECONDITION GIVEN IN PART	PERFORMED?
FRTIF	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDIC	RLYING 20b. DESCRIBE E OF DEATH	HOW INJURY OCCUP	RRED. (Enter nature of In}u	ry in Part I or Part II of Iter	n 18.)
			CCURRED 120e, PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. p.m.	While - Not	While actor	y, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) attended the c	leceased from	2-4, 1964		962, that (I) (we) last
L	saw the deceased aliv	18 on 3 1/4]	9 2, and that	death occurred at 2234	M, from the causes and	on the date stated above. DATE SIGNED
	tre	distal.	Law S.S.		STAFF -	5-21-67
l	22c. PHYSICIAN'S NAME (Type)	EDERICK L.	SACHS	ANDREWS A	IR FORCE BAS	E Hosr.
2	3a. BURIAL, CREMATION, 23	DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town o	r county) (State)
4	4. FUNERAL DIRECTOR	121/67 /	DDRESS	COLA 25a. REC'D B'	DUBULNS B Y REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	Willia CHANEL	RS ON INCO ST	11/1/257	314 1 246 h	5 1967 Action	les Judges.

VR #15 (4) 20M 1/65



	0	7116	CERTIFICATE	OF DEATH		07096			
		PLACE OF DEATH			ere deceosed lived, if institution R	es dence before admission)			
		PRINTE GEORGE	5 MARYLAND	O. STATE MARY	LAND b. COUNTY	PINCE GEORGES			
	- "	b CITY OR TOWN (If outside carparate lights.	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de corporate limits, write RURAL or	d give neorest town)			
1	选	write RURAL and give negres (own)	2 months 11 day	SUPPER	MARLBORD	(RURAL)			
	n	d NAME OF HOSPITAL OR INSTITUTION (If not in ho	0 0 /	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	111	neview Gardens Health		1 OOK 4.6	/2	YES NO 🐼			
		NAME OF First	Middle	lost	4. DATE Month OF	Doy Year			
\	S	(Type or print) SEX 6. COLOR OR RACE 7. M/	ARRIED NEVER MARRIED 8	DATE OF BIRTH	OF DEATH MAY 9. AGE (In years IF U	NDER I YEAR IF UNDER 24 HRS.			
)		11/	DOWED IX DIVORCED	1-15-78	lost buthdoy) Mor				
	10e	USUAL OCCUPATION (Give kind of work done	TOD. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	State or foreign country)	12 CITIZEN OF WHAT			
	dur	ng most of working interestined) HOUSEWIFE	Own Home.		EGES, MARYLAN	COUNTRY? U. S.A.			
	13/	FATHER S NAME		14. MOTHER'S MAIDEN NA		<u> </u>			
	(-LINTON BEA	1.1.	MARY	SPOCK E TT	F			
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service	(A)	NFORMANT	Address	4612			
	(,,,	, no, or onchowing in yes give that or do to to the	1 NONE MA	3 WILTON /	· JOWETT UPP	ER MARLBORO, HO.			
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY	line for (o), (b), ond (c).)	. 0 7	00 .	INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (o)	Cuarovas	Cullen C	recupse	- 3035) 100 5000			
	(Conditions, if ony, which gove) by attrior Constant Heart Description								
		nse to immediate couse (o),	1 1	caejro	70-2				
		stoting the underlying couse (c)	Elenelete	1					
	±	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE COND	THON GIVEN IN PART 1(0)	19 WAS AUTOPSY			
Site.	CERTIFICATION			PERFORMED?					
	ZTJEI(206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1: of item 18.)							
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour' a.m.		E OF INJURY (Home, form, my, street, office bldg., etc.)	20f ((1ty or town)	(County) (State)			
	*	p.m. 17 of work 1 of work 1							
		21. I sertify that (I) (this hospital) attended the deceased from							
	220. SIGNAFURE 22b. DATE SIGNED								
		Pokentk	Lapen MD	ATTENDING M. PHYS DI	ED. STAFF PHYS.	5/13/67			
1		22c. PHYSICHAN'S NAME (Type) AL FEL	n Du possi	22d. ADDRESS	an Manual and				
			V ~ CAPINA	no Clint					
		BURIAL, CREMATION, 23b. DATE THEREOF 5/16/67	23c NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (State)			
	2/	FUNERAL DIRECTOR	St. Thomas C		Croom RV, REGISTRAR 25b REGISTR	Md.			
	D		Meni bono Md-	MA MA		conta ludge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demth certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and infally event, within 72 hours after deat Page 4 may be retained by the haspital or attending physicion. VR A15 (4) 25M 1/67



0711

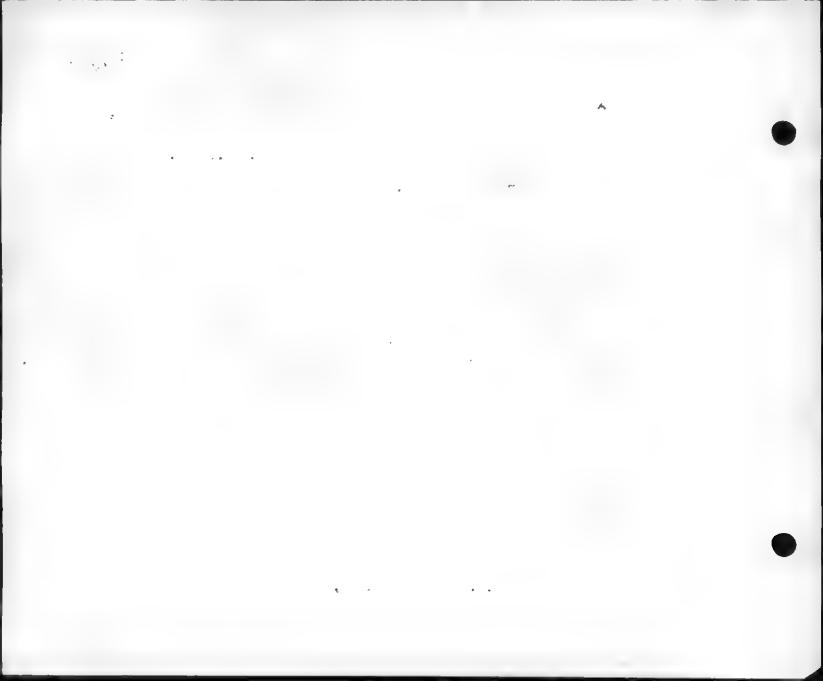
FOR STATE DEPT. **MEALTH**

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta TO DEPUTY MINIMAL EXAMINER: This mert ficate should be executed within 24 hours after death if any delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit File pages 1 and 2 with the State Department of Health prar to burial, cremation, ar remaval, and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
07117		MEDICAL EXAMINI	R'S	CERTIFICATE O	F DEATH	1	_070	97.	
PLACE OF DEATH O. COUNTY			-	2 USUAL RESIDENCE (\	Where deceoses	lived, if institut		etore admiss	ion)
	e George's	MARYL/		District		umbia			· ·
b (ITY OR TOWN (If a write RURAL and gr	ve nearest lawn)	c LENGTH OF STAY IN	ID	c CITY OR TOWN (If ou	'	limits, write KUI	RAL ond give ne	orest town)	
Cheverly	OR INSTITUTION (f not in ho	DOA_		Washingto	n		. ,	a ic pro	IDEA OF
								e IS RES	FARM?
	<u>orge General</u>			1300 44th.	Pl.,	S.E.		YES	NO 3
NAME OF DECEASED	First	Middle		Lost	4 DATE OF	Mon	h	Doy Ye	POL
(Type or print)	Marion	Н.		Kagey	DEATH	5		3 19	67
SEX 6	COLOR OR RACE 7. MA	RRIED NEVER MARRIED		B DATE OF BIRTH	9.	AGE (In years last birthday)	Months Do		R 24 HRS
emale	MITTE	10b. KIND OF BUSINESS OR		8-15-1898		68 yrs	months bo	TIOCI I	144311
 USUAL OCCUPATION (Gring most of working life) 	ive kind of work done	11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
House	wife	Rhode Island							
. FATHER S NAME			14 MOTHER'S MAIDEN NAME						
Gabrie		MdDonald							
WAS DECEASED EVER IN	U.S. ARMED FORCES? yes give wor or dotes of service	16 SOCIAL SECURITY NO		NFORMANT		Addre	255		
no	no		5	amuel W.A.	agey	same a	as D.2		

	emale White	WIDOWED DIVORCED	_8-15-1898	68 yrs	, ,			
	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreig	n country)	12 CITIZEN OF WHAT			
dur	ring most of working life, even if retired)	INDUSTRY	Rhode Islan	COUNTRY?				
12	Housewife FATHER S NAME		14 MOTHER'S MAIDEN NAME	iid.	<u> </u>			
13.			14 MOTHER'S MAIDEN NAME	_				
	Gabriel Morriso			MdDon	ald			
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO T	7 INFORMANT	Address				
11	es, no, or unknown) (If yes give wor or doles of	service)	Samuel W. Aage	y same a	s D.2			
	18. CAUSE OF DEATH (Enter only one couse	e per line for (o), (b), and (c).)			INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o	Heart failure			ONSET AND DEATH			
		Arteriosclerotic	heart disease		over 5 yrs.			
	Conditions, if any, which gove)				3,100			
	rise to immediate couse (a), (
	storing the underlying couse							
1 2	PART I OTHER SIGN F CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?							
Ĭ					YES NO X			
CERTIFICATION	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB)							
	PRIMARY I or CONTRIBUTING I CAUSE OF DEATH							
MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e I	PLACE OF INJURY (Home, form, 20	f (City or town)	{County} (State)			
9	Hour o.m	While - Not While -	octory, street, office bldg , etc)	(61) 01 10 11)	(coomy) (sinte)			
-	p.m 17 of work 🗀 of work							
	21 I certify that I took charge	of the remoins described above,	held on Autopsy, Inspe	ction 🕮, 🛮 Inquir	y 🕱 ond in my opinion			
	deoth resulted from National	couses K . / Accident S	urcide . Homicide	Undetermined mor	ner 🗆			
	11	62 V	CHIEF MEDICAL EXAMINE	_				
	SIGNATURE ATT	1101-0	ACCICTANT MEDICAL PMAN		22. DATE SIGNED			
			DEBATA WEDICAL EXAM					
	NAME (Type) John Kehoe, I	M.D. Riverdale, M	Address (Street, city, tov	4.22	5-4-67			
230	BURIAL, CREMATION, 236 DATE THER	EOF 23c NAME OF CEMETERY C	DR CREMATORY 23d	LOCATION (City or Town) (County) (Stote)			
	Burial 5.6.67	7 Cedar "il	7 Compton	Suitland M	[arv] and			
	FUNERAL DIRECTOR	ADDRESS ~	1 Cemetery S	STRAR 23b REGI	STRAR S > GNATURE			
	I as Themanol Hama	200 /th at N H	DMAY 8	1967 JCL	carles Judge			
L 14	Lee Funeral Home	200.40H St H D	T DAME O	1001				

VR A 15ME (5) Y



FOR STATE HEALTH DEPT. 1. PLACE OF

necessary, please execute the certificate, writing the word "peading" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm. PM3 Page

5 may be retained for your files TO INNEMEN DIRECTOR: Page 3 should be used an o buriol-transit mermit. File pages 1 dind 2 with the State Department of

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter dem

AL ENAMINER: This cert ficate showld be executed within 24 haurs after death. If willy delay is

TO DEPUTY M.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					,						
		07118		MED	DICAL EXAMINER'S	CERTIFICATE O	F DEATH	0709	18		
Ì	1. PLACE OF DEATH					Where deceosed lived, if instit					
	0	o COUNTY Prince George's MARYLAND			Maryland Prince George's						
Ŋ	b	CITY OR TOWN (f autside comorate limit	s,	c LENGTH OF STAY IN 16		utside carparate fimits, write R				
Л		write RURAL ond	g ve nearest town)		ll days	College H			11.		
	Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give				d STREET ADDRESS	GIK		e IS RESIDENCE			
× 1					g	9033 48th	Place		YES NO TO		
		NAME OF	emorial Hos	tt DTraT	Middle	lost		nth	Day Year		
		DECEASED					OF	min:			
Ì	S. 5	Type or print)	6. COLOR OR RACE		J.	Kendall 8 DATE OF BIRTH	9 AGE (In years	D IF LINDER 1	29 19 67 YEAR IF JNOER 24 HRS		
	3. 3	JLA.		7. MARRIED	-		last birthday)		Days Hours Min		
		ale	white	WIDOWED		24 Jan. 190		1 10 017	ZEN OF WHAT		
					CIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (State	3 11	COU	NTRY? S.A.		
**************************************								U.D.A.			
		FATHER'S NAME	MAT A Sere Tr-			14. MOTHER'S MAIDEN					
Jausha Wilder Kendall Irene Connors											
	IS. IYes	IS. WAS DECEASED EVER NJS ARMED FORCES? (Yes ng, or unknown) (If yes give war or dates of service) 578-05-2978 Irs. Rachel D. Kendell (above address)									
	, 1	10	. ,	15	78-05-2978	.lrs.Rache		I (abi	ove aucre		
		18. CAUSE OF DE	ATH (Enter anly one co				(Wife)		INTERVAL BETWEEN		
		0.07							DASET AND DEATH		
		Graditions of any which some									
		Conditions, if any, which gave (b)									
-		stating the under		TO							
		last)	(c)							
	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(0)								19 WAS AUTOPSY PERFORMED?		
	ĬĬ.	200 EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING COCCURRED (Enter nature of injury in Part I at Port II of item 18.) Shot, self in head in bedroom of home. 20c TIME OF INJURY Month, Day, Year Hour o.m. 20d INJEY OCCURRED 20e PLACE OF INJURY (Hame, farm, factary, street, affice bldg., etc.) White Not White							YES NO 🔀		
	III.										
		CAUSE OF DEATH	TIKIDUTINU LI		Shot self in h	ead in bedi	room of home.				
	DICA	20c TIME OF INJU	IRY Month, Day, Year		INJURY OCCURRED 20e Pt.	ACE OF INJURY (Hame, farm	n, 20f (City ar town)	(Con.	ity) (State)		
	W.	1. • 1 5am P.	5-18- 19	67 at wo		ctary, street, office bldg., etc.)	same as	#2			
Ì		21. I certify	that I took charg	e of the re	mains described abave, h		Inspection x In	quiry 😿 ,	ond in my opinion		
			ed from: Natur			cide X Homicide			, ,		
			1 6	I IY		CHIEF MED CAL					
		ACTUAL SIGNATURE	may	112	1-17	M D ASSISTANT MED	DICAL EXAMINER		22 DATE SIGNED		
		EXAMINER'S	91'	/		DEPUTY MEDIC	AL EXAMINER 📑				
			hn Kehoe,		Riverdale, Md	Address (Stree	t, city, town, or county)		5-30-67		
	23a	BURIAL CREMATIC			23c NAME OF CEMETERY OF	CREMATORY	200 00000000000000000000000000000000000		County) (State)		
		Burral	6/1/	67	Cedar Hill	Cem.	Suitlan	d, Md.			
	24	FUNERAL DIRECTO	RNalley	F'une	ral address Mt. Ra	Inler 250 REC	D BY RECISTRAR 256	PEGISTRARS SE	S. Joodge		
		HO!	ua Tuc.		Mar y La	DATE JL	וסטו פיווי	1	0 0		



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

month of the search of the search of the search	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
APPTICIANT AT AT NEATH	0.00

O7110 CERTIFICATE	OF DEATH	07099
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decease	
PRINCE GEORGES MARYLAND	* STATERY LAND	PRINCE GEORGES
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
write RURAL and give nearest town) AN DREVS AIR FORCE BASE, MD	OXON HILL	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
USAF HOSPITAL	715 DENNIS STREET	YES NO N
3. NAME OF First Middle	Last 4. DATE OF	Month Day Year
(Type or print) PATRICIA L KE'INEDY	DEATH	MAY 27 1967
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 1		E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE , CAUCASIAN WIDOWED DIVORCED DE	ECEMBER LL, 1935 31	yrs. Months Days Hours M.n.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreig	in country) 12, CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	BANGOR, MAINE	UNITED STATES
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
CLARENCE A. CLUKEY	FLOR ENCE A. GAGNO	N
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	FORMANT	Address ANDREWS AF
	H.KENNEDY, 3815-4 LO	UISANNA AVE. BASE, MD.
18 CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)CARCINOMATOSIS	_	8 MONTHS
///X DUE TO		
Conditions, if any, which \ (b)CARCINOMA, EPIDERMOID	, UTERINE CERVIX	
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last. (c)		
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CON	DIT.ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I		YES NO 🖸
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (I	Enter nature of injury in Part 1 or Part II of it	em 18)
	E OF INJURY (Home, lasm, 20f. (City or to y, street, office bldg., etc.)	own) (County) (State)
21. I certify that NX(this hospital) attended the deceased from		
saw the deceased alive on27MAY	leath occured at 0.42.31, from the	
220. 5 GNATURE		TAFF SIGNED;
Michael of forally M.D.	PHYS. DIRECTOR PI	175. 2 7 MAY 67
276. PHYSICIAN S NAME (Type)	USAFH ANDREWS AIR	FORCE BASE . MD
MICHAEL L AGRDAN, CAPT USAF MC	<u></u>	N (City, town or county) (State)
JESMOVAL (Specify) (30/17	-(7)	N (City, town or county) (Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/7-11	V	25b. REGISTRAR'S STGNATURE LER
The Louiseur Airentour and Louise Louiseur Louis	- N N M C/ AUG. REG D DE REGIGIRAR	LEUD. COMMETCINO O STORTOLDED ST.

3 ,3"

		DIVISION	OF VITAL REC	ORDS, 301 W.	PRESTO	IN STREET, BALTIM	ORE, MARYL	AND 21201				
	67120		MEDIC	AL EXAMI	VER'S	CERTIFICATE (OF DEATH		0	710	0	
1	PLACE OF DEATH					2 USUAL RESIDENCE	Where deceosed			nce before	admissio	in)
	o COUNTY	ince George	als	MAR	YLAND	o STATE Maryland		Prince		ope I	2	
	b. CITY OR TOWN (I	l outside corporate limit	S,	C LENGTH OF STAY	IN 1b	C CITY OR TOWN (F o	utside corporate					
	Chever	l give nearest tawn)		DOA		Silver Hi	13					
		AL OR INSTITUTION (If no	ot in hospital, givi			d. STRFFT ADDRESS					IS RESID	
T	Prince Ce	orge Genera	1 Hoeni	fe+		3851 St. F	la rnaĥa e	Rd.			YFS T	NO X
	NAME OF		rst	Middle		Lost	4 DATE	Mont	h	Doy	Yeo	31
	DECEASED (Type or print)	Herbe	ert.	H		Kidd	OF DEATH	5		24	196	57
5	SFX	6 COLOR OR RACE	7 MARR ED .			8 DATE OF B RTH		AGE (In years	FUNDER	1 YEAR	IF UNDER	24 HRS
В	(ale	White	W DOWED	DIVORCE		5-2-1897		lost birthdoy) YO Yrs	Months	Days	Hours	Min
100	USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Stote				ITIZEN OF	TAHW	
dur	ing most of working Ret 1		INDU	siry Governm	ont	Washing	ton D (2	((USA"		
13	FATHER'S NAME	Led	0.0.	GOVELUM	CILL	14. MOTHER'S MAIDEN						
	Wi1	liam F. Ki	dd			Georgie	Windson	r				
,5	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 50	CIAL SECURITY NO	17	INFORMANT		Addre	255			
(Y	es, no, or unknown)	(If yes give wor or dates i	of service)		A11	oa L. Kidd	Same	a As # :	2			
_	18 CAUSE OF DE	ATH (Enter only one cou	ise per ne for (o), (b) and (c))							RVAL BET	
		H WAS CAHEED BY		failure						QNS TITIT	SET AND D	EATH
	4400				tio h	eart diseas	20	_			cnow	
	Conditions, if ony,	which gove)	(p) WILDEL	TOPCTELO	UEC I	car o urbeas				di i	C110111	•
	rise to immediat											
	stoting the under	Trying couse	(c)									
iz.	PART II OTHER S	GNIFICANT COND TONS C		DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	ND T ON GIVEN	IN PART 1(o)	-	19	WAS AUTO PERFORM	
410										YI		NO 5
Ĭ	200 EXTERNAL CA		20b DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Port I or Port I	of item 18)				
EH.	PR MARY Or COL CAUSE OF DEATH	NI KIBU IING LI										
3		JRY Month, Doy, Year		IRY OCCURRED		CF OF INJURY (Home, for		City ar town)	(Co	unty)	(State)
M	Hour o.n	10	While of work	Not While of work	loci	tory, street, affice bldg , etc)					
					bove he	eld an Autopsy 🔲,	Inspection	x, Inqu	uiry 🗽	ond	n my	opinio
			ol couses K	/		de Homicid		etermined m			1	
		10	17	/		CHIEF MEDICA				_		
	ACTUAL	11-1	/ /	12/		M.D. ASSISTANT ME	DICAL EXAM NER			2	2. DATE	SIGNE

VR A15ME (5)

FOR STATE HEALTH DEPT

P.M.3. Por

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director Poge 4 shauld be forworded to the Chief Medical Examiner's Office ploting with farm PM3. Pr 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land Zwith the State Departmen

Heo th prior to burial cremotion, or removal, and in any event within 72 hours after death

This certificate should be executed within 24 hours ofter death

TO DEPUTY MEDICAL EXAMINER:

deloy 15

5/27/67 24 FUNERAL D RECTOR Robert E. Vilhelm Funeral

Kehoe M.D.

4308 Suitland Road, Suitland, Maryland

EXAMINER'S NAME (Type) John

B RIAL CREMATION

Riverdale, Md.

23c NAME OF CEMETERY OR CREMATORY Washington Vational

Prince MAY 29 19

23d LOCAT ON (City or Town)

DEPUTY MEDICAL EXAMINER 3

Address (Street city, town, or county)

Georges.

1967

RELISTRAR'S SIGNA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(A and a		07121	CERTIFICATE	OF DEATH		07101
		PLACE OF DEATH 2. COUNTY	* 1	2 USUAL RESIDENCE (WI	here deceased lived, if institution b. COUNTY	Residence before admission)
offer he fun ges 1 after		PrinceGeorges		Mars	vland Production of the Purchase of the Purcha	ince deorges
by the f		 CITY OR TOWN (If auts de corporate l'mits write RURAL and give nearest tawn) 	c LENGTH OF STAY IN 16	c CITY OR TOWN (IE outs	ide corparate limits, write RURAL o	ind give nearest tawn)
ou Per		Cheverly	3 days	Cani	Itol Heichts	1 1 1
requires that the death certificate be executed within 24 hours after a physician is a physician and completely filled in by the first side by the attending physician and completely filled in by the first buriol-transit permit. Then please remiting carbon papers. Pages buriol, crematian, ar remaval, and in any event, within 72 hours after a buriol, crematian, ar remaval, and in any event, within 72 hours after a buriol, crematian, ar remaval.		I, NAME OF HOSPITAL OR INSTITUTION (If no	in hospital, give street address)	d STREET ADDRESS	and the same	e IS RESIDENCE ON A FARM?
in all parties in the second s	-	Prince Ceorges Cer		100	- 64th Avenue	YES NO
A SO S		NAME OF First	st Middle	Last	4. DATE Month OF	Doy Year
d d		Type or print) Hat 1	ie B	B. DATE OF BIRTH	DEATH May	2 19 67
The second	5.	SEX 6 COLOR OR RACE		B. DATE OF BIRTH		UNDER 1 YEAR FUNDER 24 HRS
S S S S S S S S S S S S S S S S S S S	Fe	emale White	WIDOWED DIVORCED 3	30 May 188	84 yrs.	Mins Days (10013 Inin).
9 0 0	10a	USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ate be ician or lease in and in	QUI	ng most of work ng life, even if retired) Housewife	At Home	Virginia		ILS.A.
fica ysic ple ple al, o	13	FATHER S NAME		Virginia 14 MOTHER'S MAIDEN NA	AME	TI COLA
e death certificate t attending physician sermit. Then please an, ar remaval, and		William Heflin		Sarah		
ing ing	15	WAS DECEASED EVER IN S. ARMED FORCES?	16 SOCIAL SECURITY NO 171	NFORMANT	510 61st Ave	
mit ar	{Y∈	s, no ar unknawn) (If yes give war ar dates of None		a Tan Minasa		
that the death certific an by the attending phys transit permit. Then p crematian, ar remaval,		18. CAUSE OF DEATH (Enter only one cour		Tee Tuombs	on Capital Hgt	NTERVAL BETWEEN
that the an by the transit p		PART I. DEATH WAS CAUSED BY	(accident		ONSET AND DEATH
the day by creat		IMMEDIATE CAUSE (
equires the physician signed by buriol-tra buriol, cre		Conditions of any sublets now a	10 aleiosclerotie	Cardiovascul	Par Designe	
phy sign bur bur		rise to immediate couse (o), (7	***		
ding ding een the tro		stating the underlying couse	(e)			
e law r tending is been as the priar to			ONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONT	ITTION CIVEN IN PART 1(a)	19 WAS AUTOPSY
트 등 보고 있는 ^	8	TAKE II O'IIIK SIGNIFICANE CONDITIONS CO	BUT NOT KLEATED TO T	SE TERMINAL DISEASE COND	UNION OTHER BY LYKE I (O)	PERFORMED?
IAN: The or at ficate ho ficate ho far use far use Health	CERTIFICATION	200 ACCIDENT WAS UNDERLYING □	AND DECEDIAT HAW MANDY OCCUPATED	ff-to P		YES NO 2
	ERT	OR CONTRIBUTING CAJSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	truter nature at injury in Po	ort t or Part II of Fem 15)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	and his one occupance. The second	or or output.	T not	(*
	MED CAL	20c TIME OF INJURY Manth, Day Year Haur a.m.		CE OF INJURY (Hame, farm ory, street, affice bidg, etc.)	20f (City or town)	(County) (State)
by the by the officer of the decision of the d	2	p.m. 19	ot work □ at work □□			
NDI d b d b d b e Si		21. I certify that (b) (this hasp	ntal) attended the deceased fram_A lay 2 1967, and that	pril_30,,19	67 10 May 2	, 19.6.7 , that 🕦 (we) la
E Paris			lay 4. 1907, and that	death accurred at 2		
L OR ATTE be retain DIRECTOR ge 3 shau led with th		220. SIGNATURE	0		AFD STATE	22b DATE S GNED
y be r y be r L DIRE oge 3 fried v			moudezno M.C		RECTOR PHYS	5/2/67
rmay be RAL DIR r page be filed		22c PHYSICIAN'S NAME (Type) Dr. Toma	s Hernandez	22d ADDRESS Prince Geo	rges General Ho	nenital
Page 4 Page 4 Shault	230	BURIAL, CREMATION, 23b · DATE THE REMOVAL (Specify)			23d LOCAT ON (City or Town)	(County) (State)
5-5 5 p	_	REMOVAL [Specify] Burial 5/5/]	967 Fort Line	oln	Bladensburg	. Waryland.
1.3 \	24	FUNERAL DIRECTOR	ADDRESS			
VII A15 (4) 25M 1767	16	U. W Chambers (a Newsolule 1	DATE AV	F 4007 OCCU	and a landok



VR A|5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
1.5	a. STATE
BINCE (FORGES MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	MARYLAND PRINCE CIERCES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	c. Off or four (it outside corporate mints, write notice and give noutset town)
BRADBURY HGHTS 113YRS	BRADBURY HGATS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ' 0. IS RESIDENCE ON A FARM?
5206 BUERS ST.	5206 BYERS ST YES NO
3. NAME DF First Middle	Last 14 DATE Month Day Year
DECEASED	OF MANY O
(Type or print) HANE MAY	REYTER DEATH MAY 9 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthday) Months Days Hours Min.
WIDOWED DIVORCED	MAR (1831 SC yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	COUNTRY?
HOUSEWIFE 13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME
0 0	
EEERGE REIDY	MARY BUCKLER
	INFORMANT BORGE P. SIMMONS SAME AS \$3
(1 yes give war or dates of service) 577 - 68 - 7.5687 G	BORGE IT, SIMMONS SAME AS D
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Injustrations on Set and Death
IMMEDIATE CAUSE (a)	- 109M
DUE TO A BE SEED OF	Andrewale in march
Cenditions, if any, which gave rise to immediate (b)	MACHOSEICHOS 9 10 3091
cause (a), stating the DUE TO	10.
underlying cause last. (c) Country 45	of the ing
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SI WIREN REDIGATION INCHES	YES NO
20a, ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED SOLUTION 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR. (IF EITHER, NOTIFY MEDICAL EXAMINER) BY HOUR OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED 20e. PLA factor of the p.m. 19 19 19 19 19 19 19 1	······································
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While -	ory, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While at work at work	10.5
21. I certify that (I) (this hospital) attended the deceased from	1954 , 19 to MAY 9, 196/, that (I) (we) las
	t death occurred at 97 M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
MICHA I helen	D. ATTENDING MED. STAFF May 9, 1967
22c. PHYSICIAN'S	5103 Marlboro Ed. Se. Wash. D.C. 20027
NAME (Type) Thomas F. Cullen, M.D.	JIOJ Hariboro kd. Se, mash. D.O. 20007
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURNAL (Specify) MAY 12, 1967 LUASHINGTON	NATIONAL SUITLAND, MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a REC'D BY BEGISTRAR 25b AGGISTRAD'S SIENATURE
IN HIPHANDERS CON PULLER	MAI 15 196/1 / COURTED AM
MINDENDER MINDENDALE	/VID DATE

July delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

mmcessary, pleasm execute the certificate, writing the ward "pemding" in pemail in Item 18. Give Pages 1, 2, and 3 to the funeral a rectar Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a bur al transit perm t. File pages 1 and 2 with the State Department of Hea'th priar to burial cremation ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07123	MIEDICAL EXAMINER 3	CEKHILLATE	UF DEATH	07102
I PLACE OF DEATH			(Where deceased lived, if institution	
a. COUNTY	MARYLAND	o STATE	E RIE	IY /
b CITY OR TOWN (If huls de corporate l'mits,	c JENGTH OF STAY IN 16	Penna.	outside corporate iim ts. write RURi	and give negrest town
write RURAL and give nearest fawn)				are and give notices formy
Riverdale	3 days	Lake City		I I I DEC DEL CO
d NAME OF HOSPITAL DR INSTITUT ON (If not in		d STREET ADDRESS		e IS RES DENCE ON A FARM?
Leland Memorial Hospit		122 Rice A		YES NO
3 NAME OF First DECEASED	M ddle	Last	4 DATE Manth	Day Year
(Type or print) Arthur		unz JR.	DEATH 5	11 19 67
S SEX 6 COLOR OR RACE 7	MARRIED NEVER MARR ED	B DATE OF BIRTH	9 AGE (In years ast birthday)	Manths Days Hours Min
male white	WIDOWED D VORCED	11-15-1946		
10a USUAL OCCUPATION (Give kind of work done	10b K ND OF BUSINESS OR	11 B RTHPLACE (State	e ar fareign country)	12 CIT ZEN DF WHAT
during most of working I fe, even if retired) STIDENT	INDUSTRY STUDENT	וימס דבי סימ	NNSYLVANTA	COUNTRY?
13 FATHER'S NAME	- OTOMHI	14 MOTHER'S MAIDEN	I NAME	TOWNER OFFICE
ARTHUR M. KUNZ SR. IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY ND 17	INTERDRESSIT	HOLTDAY Addres	
(Yes, no, or unknown) (fixes give wor or dates of ser		MALOKAMANI (]		SPRING ND.
		VAN VLIET	12520_EASTEO	URNE DRIVE
1B CAUSE OF DEATH (Enter on y one cause p				INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Cardiac arrest			ONSEL AND DEATH
	Status post operat	ive repair	of laceration o	f
Conditions, if any, which gave) (b)	* *		_liver.	
rise to immediate cause (a). (Stoting the underlying couse DUE TD	Trauma			
lost. (c)	a a constant			
PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	ONDITION GIVEN IN PART Had	9 WAS AUTOPSY
200 EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CALLSE OF DEATH				PERFORMED? YES NO F
200 EXTERNAL CAUSE WAS	20b DESCR BE HOW INJURY OCCURRED	(Enter not to of in the in-	Port or Port II of storn 19)	1 10 [] 10 [0]
PRIMARY OF CONTRIBUTING		*	· ·	
- CAOR OF BEATT	Collided with o	ther baseba	ll player	
20x I ME OF NURY Month, Day Year		ACE OF INJURY (Home for ctory street, office bldg etc	rm. 201 (City or town)	e George Co. (Slote)
5:30pm Pm 5-8-67 19	at work at work Bas			College Park
21 I certify that I took charge at			Inspection 😿 Inqui	iry 😿 , ond in my opinion
death resulted from Notwal a		cide . Hamicid		
		CHIEF MEDICA		
ACTUAL	19 o har	Acc cTab T see	D CA EXAMINER	22. DATE SIGNED
SIGNATURE	1)		CAL EXAMINER 🔽	
NAME Type John Kehoe, M	D. Riverdale, Md		et city, town or county)	5-12-67
240 BURIA, CREMAT ON, 236 DATE THERED			Z3d ,OCATION (City or Town	
REMOVAL Specify	LUC MANE O LINCOLA OF	- West 1012 - 277		
BURTAL 5/15/19	ADDDESC TATALOGUE	D 0 7 250 PEC	GIRARD PENT	I TRAK S SIGNATURE
18 10 16 CO.	ADDRESS WASH			
HYSONG S POTTERAL ROM	PAT 200-N°D THERT, N°	DATEM!	AY 1.5 1967 /	harles Judge.

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0712	4		CERTIFIC	ATE	OF DEATH		UZ	104
1. PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARYLA	ND	2. USUAL RESIDENCE (o STATE	Where deceased lived, if in b.	stitution: Residence COUNTY	e before odmission)
write RURAL an	lf autside corparate limit d give nearest town) Dale (rura		t LENGTH OF STAY IN 11 years	lb	fl	tside corporate firmits, write	RURAL and give	neorest town)
	AL OR INSTITUTION (If n				d. STREET ADDRESS	Bran, 21 01		e IS RESIDENCE ON A FARM?
	Dale Hospi				500	St., N. W.		YES NO 🖪
3 NAME OF DECEASED (Type or print)	Jam	es	Middle H .		last &WSON	OF DEATH		Doy Year 6 19 67
s sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		3/23/1901	9 AGE (In yea lost birthdo 66 y		YEAR IF UNDER 24 HRS Doys Hours Man
	(Give kind of work done life, even if retired)	10b. KI	ND OF BUSINESS OR DUSIRY last en	īr	11. BIRTHPLACE (County Spottsylv	& Stote, or foreign country)		ZEN OF WHAT INTRY?
13. FATHER'S NAME Elmore		<u> </u>			14 MOTHER'S MAIDEN	NAME	1.0011	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO 6-12-1772	17, 1	NFORMANT Decedent	<u>-</u>	Address	
1B. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE	use per line for	(o), (b), and (c).)	cu1	osis, far a	dvanced		INTERVAL BETWEEN ONSET AND DEATH 12 yrs
Conditions, if any rise to immediat stating the unde last.	, which gove to couse (o), rlying couse	(b) TO						
2 ized at	heroscleros s: bilater	al abov	h atheroscl e-knee ampu	ero	tic heart d	IDITION GIVEN IN PART 16	1764.	PERFORMED? YES TO NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in	Port I or Part II of Hem 18	3)	
20c. TIME OF INU	1.0	4440 -2			CE OF INJURY (Home, fam ary, street, office bldg., etc.		п) (Саи	nly) (Stote)
	fy that (t) (this has eceased alive an _	spital) attend 5	ded the deceased fro 6/6/19 <mark>67</mark> , an	am d thai	5/4/ , i death accurred at	9 <u>56</u> , ta <u></u>	5/6/ , 19 <u>6</u> ses and an th	7 , that (♠ (we) lo e date stated abov
22a. SIGNATURE	Wir	e u	Mr.	M.E	11715	MED. STAFF PHYS	□ 5	TE SIGNED /6/67
22c. PHYSICIAN'S NAME (Type		ss, M.	D.		22d ADDRESS	Glenn Dale	-	1
230 BURIA CREMATION REMOVAL (Specify		FEFFOF	23c NAME OF CEMETER Harmony 1			23d LOCATION (City of Landove	or Town)	(County) (State)
24 FUNERAL DIRECTO	ien 7. k	1, 7	ADDRESS S 9 SP, 4) e	250 REC'I	BY REGISTRAR 2St	REGISTRAR'S SI	GNATURE CONTRACTOR
		part -	U / / / /	-	Mil.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove (carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after dept Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

1 17 . .

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1967

	0.115	25		CERTIFIC	CATE	OF DEATH		Ü	7105		
	PLACE OF DEATH				T	2 USUAL RESIDENCE	(Where deceased live	ed, if institut or	n Residence be	fore odmissi	on)
	o COUNTY Pr	ince George	1s	MARYLA	AND	o STATE Mary	Land	b. COUNT	Prince	Geor	ge 's
	b CITY OR TOWN (: write RURAL ope Ch	f autside carparate limits, I give nearest town) everly		ENGTH OF STAY IN	lb	c CITY OR TOWN (IF	outside corporate i m	its, write RURA			. /
		AL OR INSTITUTION (If not				d STREET ADDRESS				e IS RESI ON A F	DENCE
	Prince	George's G	eneral H	ospital		7725	Garrison	Street		YES _	NO 3
	NAME OF DECEASED (Type or print)	Firs Me1		Middle L.	(Sr	.)Leizear	4 DATE OF DEATH	Month May		0 19	67
\$	SEX Male	6 COLOR OR RACE White	7 MARRIED X	NEVER MARRIED DIVORCED	8	2/26/06	9 AGE 61	(n years b rthdoy) yrs	Months Doy		R 24 HRS. Min
0e sur	USUAL OCCUPATION Prostot Working	(Give kind of work done life, even if retired)	Plum	BUSINESS OR		11 BIRTHPLACE (Cour	nty & Stote, or foreign o lard	ountry)	12 CITIZEN	OF WHAT	
13	Robert	B. Lizear				Daisey	N NAME 7 E. Johns	on			
15 (Ye	WAS DECEASED EVE no or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of	16 SOCIA 578	L SECURITY NO 10 8996		FORMANT Fertrude I	E. Leizea	r Sar	ne as	#2 (w	ife)
	Condit ons, if ony rise to immediat stoling the unde lost.	which gove e couse (o), PUE T	o Pulmo	ac Arrest		es with Se	pticemia			ONSET AND	
ICAT ON		GNIFICANT CONDITIONS CO								PERFORM YES	NO
L CERTIFICAT	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING LE CAUSE OF DEATH MEDICAL EXAMINER)	SOP DESCRIB	E HOW INJURY OF	UKKED (thier mainte of injury	in Port Lar Port Laf	ifem 18)			
MED CAL	Hour or p,r	n. 19	of work	Not While of work	focto	E OF INJURY (Home, f rry, street, office blog, c	etc)	r or town)	(County)		(Stete)
	21. I certi	fy that (1) (this hasp	ital) attended	the deceased fr	ar Aj		, 19 <u>67</u> , to_M		1967		
	saw the do	ceased olive an_M	lay 20	19 <u>_67</u> , an	id that	death occurred	AM AM	m causes o	nd on the d		d above
	220 SIGNATURE	Ed.	JV0.	1	M.D	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	5/20	/67	
	22c. PHYSICIAN'S NAME (Type	Edwin J. Jen	nsen, M.	D.	n.v	22d. ADDRESS	George's G	Cl	neverly Hospit	- 4	yland
230	BURIAL, CREMATIC BUMPING OPECITY	ON, 236 DATE THEF	REOF 23	Ft. Line		REMATORY	Colma			nty) (Stote) Md.
24 H	. FUNERAL DIRECTO Hyattsvil	le, Maryla	nd Fran	ADDRESS acis Gaso	ch's	Sons 250. R	EC'D BY REGISTRAR AY 2 9 196		ISTRAR S SIGNA		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs officer Page 4 may be retained by the haspital ar attending physician.



the funeral after death. 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07100 A7190

. .

_			01100
- 1	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decrased lived, If institution: Residence before admission)
Н		e. COUNTY Prince Teorge	2) inelland trunch keerige:
/		MARYLAND	1/100
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give pearest town)
	12	write RURAL and give nearest town	12. 4 to 22) 1. It 5. The
- 1	En l	ollege His Costale. 12 years	Credege Height Estates,
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glyg street address)	d. STREET ADDRESS
		221 0	3907 Commander Strine ON A FARM?
	6	390 / Knommander - 2 Nove	YES NO
	3.	NAME OF / / First Middle	Last 4 DATE Month Day Year
ı	υ.	DECEASED	OF The state of the
J			U/S DEATH ///au//3 196/
- 1	54	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	6. COLUR OR RACE 7. MARRIED NEVER MARRIED	iast blothoday) Months Days Hours Min.
	7/	OMARC WIDOWED DIVORCED	12 ept 1869 977 hrs.
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRT PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	dur	ing most of working life, even if retired) INDUSTRY	COUNTRY2
		House an born!	Mumner sta lenn. H.J.
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3		A CONTRACTOR OF THE PROPERTY O	14. Addition of the state of th
2		Levus Bledste Day	Conthoning (Van) - Man.
1	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT REFINE Address
		et no aer unkelich) I (If ver nive war er dates of service)	INFORMANI, Ratherine and sold
	,	11 220-54-2386	france (Garage & Tomas de for a tomas
		- 10V	TOUSIAS Y JAMMEN PARMANIANTE LA SPAT
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	П	PART I, DEATH WAS CAUSED BY:	
		IMMEDIATE CAUSE (a) CONTRACT COULS	11 Meneral days
		43.30 DUE TO (1)	' 1' - 1 0
	Н	Conditions if any which	TACINCULATOR 1 - Mund
		gave rise to immediate (b)	The state of the s
		cause (a), stating the DUE TO	t- (/ (/)
		and a distance of the second s	len polantis!
	z	PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	임임	PARTIT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
	8		YES NOV
	CERTIFICATION	CO. LOCUPENT DATA DESCRIPTION OF THE PROPERTY	
	ᇤ	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	- Inches	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
	۱ā۱	While Not while	13, 54 cat, 016 ca pick, atc.)
	=	p.m. 19 at work et work	
	ш	21. I certify that (f) (this hospital) attended the deceased from	19 19 to 3 Mars 19 6 that (1) (we) last
	ĿΙ		death occurred at 1/2 M, from the causes and on the date stated above.
			22b. DATE SIGNED
		22a. SHATYATURE	
	ш	1 Samus OMasherall M. VI.M.D	DIRECTOR DISTAFF DISTA
	ш	22c HYSICIAN'S	1 22d ADDRESS
	1	NAME (Type)	Il as as Day of The Affection
		Mamas/// MATTINGIL	1 M. 1) 2200 1. JUNE 116 X 152001X
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	238	REMOVAL (Specify) Mars 16 1067	Callery Manage Line Can Md
_		Burial Ft Lincoln Co	emeter 3
	24	I. FUNERAL DIRECTOR ADDRESS	258 REC'D BY REGISTRAN 250 PREGISTRAN'S SIGNATURE
		F. Gasch's Sons Hyattsville, Md.	MAT 17 1964
		TO WINDOWS TO THE TAXABLE TOUR	DATE

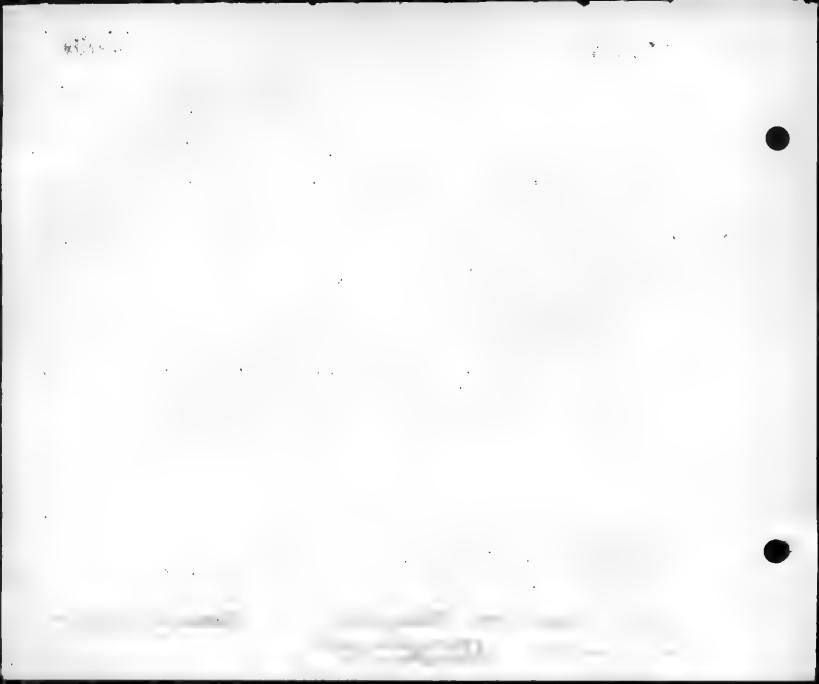
FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 45

TO DEPUTY MEY EXAMINER: This cert he should be executed within 24 hours after with, if any delay accessary, please executive certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. We funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7127 — MEDICAL EXAMINER'S, CERTIFICATE OF DEATH 07107

tom.	77 7 TO PI M #GRAD 6	7 7777 pa		
1. PLACE OF DEATH a. COUNTY	V.	2. USUAL RESIDENCE (V	Where deceased lived, If institution: R	esidence before admission)
ren ce	MARYLAND	The state of	LEHEL PA	18440
b. CITY OR TOWN (If outside corpora	ita limits, c. LENGTH OF STAY IN 15	C. CITY OR TOWN (If out)	ide carporete limits, write RURAL	and give nearest town)
		SHUNGH	the state of	d La la DECIDENCE
d. Basie of Hospital or Insultati	ON (If not in hospital, give street eddress)	d. STREET ADDRESS	ander 121,00 kg	a. IS RESIDENCE ON A FARM?
The sur year	rera	100101 MINO	4144 14 14 17 17	YES NO
DECEASED	Irst Middle	LEWIS 4.	DATE Month OF DEATH 72 2 0	Day Year
5. SEX 6. COLOR OR RACE		B. DATE OF BIRTH	9. AGE (In years IFUNDER	1 YEAR IF UNDER 24 HRS.
M	WIDOWED DIVORCED	MAIN 1019	/5 / yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, agen if retire	done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foraign country) 12. Cl	ITIZEN OF WHAT
Lower	(NOUSTRY	Formere	17 11 11 11 11 11 11	USA
13. FATHER'S NAME	2:	14. MOTHER'S MAIDEN N	IAME/	
Denson	Lewis	Doza.	Groty	-C7 111
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yas give war or dates	of service)	INFORMANT	Address 500	Butter
MO	214-14-0396/	Tally ten	ner Suite	not my
PART I. DEATH WAS CAUSED BY		2011-	Lulan	ONSET AND DEATH
IMMEDIATE CAUSE) Coarri	- AMERICA	wws
Conditiona, if any, which	our feris ocher	ntis &	east persens	+ Toyear
gave rise to immadiate (10-1/1	A 1-12		
underlying causa last.	(c) Hypersonsur	e Cordina	soulor disu	- 10gen
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
TO EVERNAL DAILOR WAS	Cook Seepping How Milliay And	upaga danta a dura ad talu	iry in Part I or Part II of Itam 18	YES NO
PARTII. OTHER SIGNIFICANT CONDITI	20b. DESCRIBE HOW INJURY OCC	OKKED, (Enter natura of inju	ry in Part I or Part is or itam 10.	·J
ZOC. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	fact	ACE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (State)
Hour s.m.	White Not White			
21. I certify that I took charg	e of the remains described above, he	eld an Autopsy 🔲, 🛮 In:	spection Z, inquiry Z	and in my opinion
death resulted from: Natura	il causes 🛂 , Accident 🔲 , Su	ilcide 🔲, Homicide (Undetermined manner	1-2//
ACTUAL A	Dicite	CHIEF MEDICAL EX	_	22. DATE SIGNED
SIGNATURE X	1 1)	M.D. ASSISTANT MEDICAL E	177 / 00	ourspelles
EXAMINER'S DAYTO	N () WATKIN	Address (Street, cit	ly, town, or county Dlank	my my
DEMOVAL (Spacify)	THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, town or co	unty) (State)
1 2000		ew	Mothewille, V	reginia
24. FUNERAL DIRECTOR	2.847 Willen 1	alud. 25a. MACO	N REGISTOAR 725b. NEGISTRAR	Del Guita
Chier Funcial 7+0ms		à, DATE	1 "	() 1'



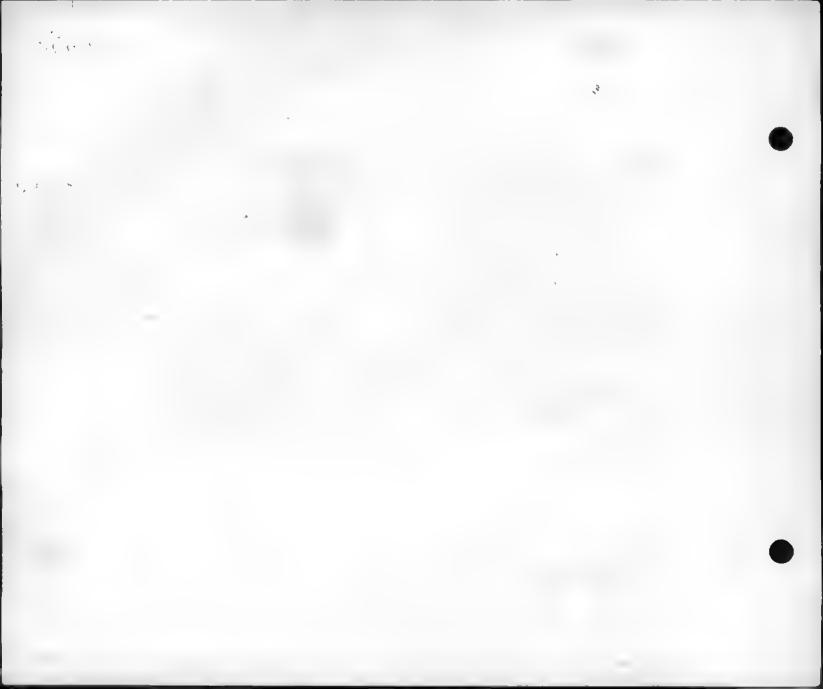
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08400

	97128	CERTIFICATE	OF DEATH	r.r.	0.1109	5 .
T	PLACE OF DEATH				institution Residence befo	re odmission)
1	· COUNTY Prince Georges	MARYLAND	O. STATE FLOI	rida	b. COUNTY	
	b CITY OR TOWN (If outside corporate limits.	c LENGTH OF STAY IN 16			rite RURAL and give neare	st town)
	write RURAL and give nearest town)	14 months	Ft Lo	uder de	n la	4/100
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito	, give street oddress)	d STREET ADDRESS			a S RESIDENCE ON A FARM?
11	egentlirs + Rehabilitation (Senter	639 Mis	Edle Riv	er Drive	YES NO
3	NAME OF First DECEASED	Middle	Lost	4 DATE OF	Month Do	at a
•	(Type or pant) Hexander		arione	DEATH	May 2	9 1967
1,	SEX 6 COLOR OR RACE 7 MARRIE		DATE OF BIRTH 188	9 AGE (In your lost bertly		Hours Min.
	Male white widows		U1419, 1889	- X E	yrs .	
10 du	o USUAL OCCUPATION (Give kind of work done 10b ing most of working life, even Miretired)	KIND OF BUSINESS OR INDUSTRY	7 .	& State, or foreign country	12 CITIZEN O COUNTRY	F WHAT
15	EATHER NAME	ing bound Lord	Washing			3 24
1	1 -		TA- MOTHER'S MAIDEN N	IAME V SA		
10	MAS DECEASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17 II	NFORMANT.	set X	Address	
	es (lo, or unknown) (If yes give war or dates of service)	775-64-6487.1	J. J.	2111	ne R 1	1.
H	In cause of pearly Solar pale and course of	1.12 (1)	and thear	one 1711 h	and I Sal	TERVA, BETWEEN
	1B. CAUSE OF DEATH (Enter only one couse per the f PART I. DEATH WAS CAUSED BY.	for (o), (b), and (c)	well -			SEL AND DEATH-
	153. 8 IMMEDIATE CAUSE (o)	TO LOOKE AS-45 P	COMPA		/ /	1.73 9
	Conditions, if ony, which gove) (b)	his to statit	Correccione	s- of los	in dealahat	5-20-6,
	rise to immediate couse (o), (W.CIN STOLL	102600000	11	-70	
П	stoting the underlying couse (c)			C		
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DIT ON GIVEN IN PART	1(0) 19	
CERTIFICATION	4.0.00					PERFORMED? YES NO F
IBC I	20g ACCIDENT WAS UNDERLYING □ 20b	DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in S	Port I or Port II of Item	1B)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d		E OF INJURY (Home, form		own) (County)	(State)
層	Hour o.m. Wh	nile Not While of focto	ry, street, office bldg., etc.)			
ı	21. I certify that (# (this haspital) atte		3- 1	967.10 5-	-20,19671	hat 🏙 (we) lo
П	saw the deceased alive on				ouses and on the da	te stated abov
	220. SIGNATURE)	ATTENDING	MED STAFF	22b. DATE SIGN	NED
	Ce per 1/ pt - all	2007 WD M.D	PHYS (XX)	DIRECTOR PHYS	3 -3	20 67
	22c PHYSISTANS MAME(Type) All ages H.	Dillop MO	22d. ADDRESS	Marlbon	20 Piles S	E,
	177.0	PILLON MO	7			unshas I
23	O. BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City	y or Town) (County	(Stote)
K	4 FLINERA DIRECTOR	ADDRESS	Tal as provi	BY REGISTRAR 2	Land M	
1	1011 11 121-117	/ // X).	12:		256 REG STRAR'S SIGNATU	
1//		3 /11 - / 3 / 1 1 /	I DAKA V	31 0 4007	III / donnella . V.	and an in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-cacbon papers. Pages Lond. should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07123 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a COUNTY b. COUNTY Maryland Prince Georges Prince Georges MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) 16 hours Cheverly Hvattsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS IS RESIDENCE ON A FARM? 7405 Tilden St YES NO X Prince Georges General Hospital 3 NAME OF Middle Lost 4 DATE Morsth DECEASED OF Lillv (Type or print) DEATH 16 196.7 Doris Mav AGE YEAR FF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH (In years IF JNDER lost birthdov) Months Dovs **Hours** WIDOWED DIVORCED white 11/20/29 female The HSUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Penna own home 14. MOTHER S MAIDEN NAME 13. FATHER S NAME MarthaD Hicks Frank A Werner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Clarence B Lilly Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ednditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. WAS AUTOPS? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CFRT3FICATION 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While at work at work 1956, to May 16. 21. I certify that (I) (this charpital) attended the deceased fram MIMU , 18.7 , that (1) (we) last 1967, and that ceath occurred at 9 A. M. from couses and on the date stated above. saw the deceased alive on May Th 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William D. Rosson, M. D. 5701 - 85th Ave. Hyattsville, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. May 19, 1967 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

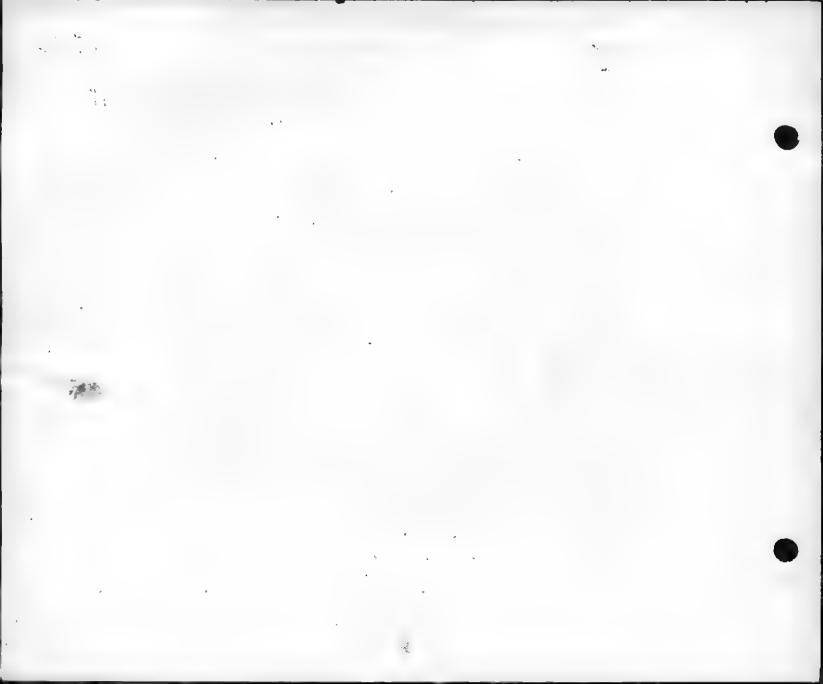
within 24 hours after death by the funeral Pages 1 ond filled E carteen ereix event, **≡**x**≡**cuted remove by the attending physicion and co tronsit permit. Then pleose remov cremotian, or removal, and in any c requirem that the Meath certificate be signed by the burial-tronsit physician. by the hospitol or ottending os the hos been use of Heolth O FUNERAL DIRECTOR: After this certificate etached be de Stote l 3 should to S with the S be retoined r, poge 3 be filed Page 4 may directar, should b **VR A15 (4)** 20 M 1/66

F. Gasch's Sons

Hyattsville

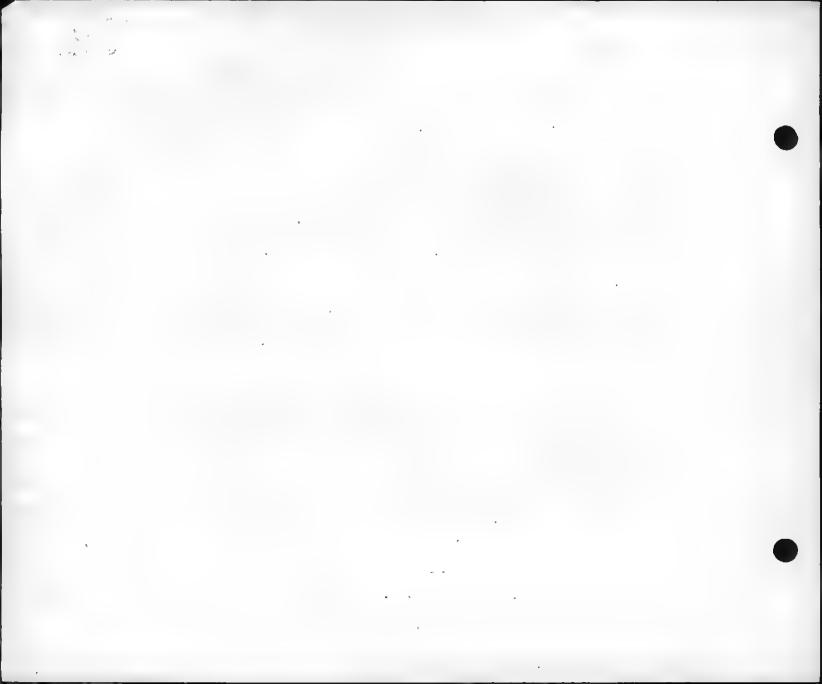
Md.

ond-



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M ~ -	/		97130	CERTIFICATE	OF DEATH	07	110
and 2 death.			PLACE OF DEATH			ere deceosed lived, if institut on Residen-	ce before odmission)
5- 5			n. COUNTY Prince Georges	• MARYLAND	o. STATE Marylar	b. COUNTY	Georges
the he after			o. CITY OR TOWN (If outside corporate limits	c LENGTH OF STAY IN 16		de corporate limits, write RURA, and give	
Part Part			write RURAL and give nearest town)	12 Days	Adelphi	ę.	16.1
ho in t			I. NAME OF HOSPITAL OR INSTITUTION (If no		d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?
hin \$4 hours after a filled in by the fune in papers. Pages 1 of thin 72 hours after d	, 1		Dadage Coerces Cons	amel Hespital	2511 0	ool Spring Road	YES NO X
a	1 1		Prince Georges Cene	st Middle		DATE Month	Doy Year
d wrthi eletely f carban ent, with			DECEASED (Type of print) Alic	ce L	Lohr	OF May	16 19 67
mpla e co		S.			DATE OF BIRTH		YEAR IF JNDER 24 HRS
ond campletely remove carban in any event, with		Fe	male White	WIDOWED DIVORCED	L Feb., 1894	lost birthdoy) Months 73 yrs	Doys Hours Min.
ond ond rer		100	US., AL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country) 12 C17	ZEN OF WHAT
ficate be rsician or please al, and in		duri	ng most of working life, even if retired) HOUSEWIFE	AT HOME	MARYLA	N.D	JNTRY?
frag ysic ple ple		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
th certification in the Then remove			FRANK E. PYLL	ELL	LOUISE	WEITZEL	
th c ling . The		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	SAME AS	* 7
that the death certificate be executed within \$\textstyle{14} hours after an order of the filled in by the formsit permit. Then please remave carban papers. Pages rematian, ar removal, and in any event, within \$72\$ haurs after the following the fo		(76	s, no, or unknown) (If yes give wor or dates o	YONE ART	HUR J. LOHR	SAME NO	
the all			18. CAUSE OF DEATH (Enter only one cou	se per line for (o), (b), and (c)	2		INTERVAL BETWEEN
quires that thy physician. signed by the burial-transit burial, crema			PART I. DEATH WAS CAUSED BY	(0) akeno car conom	ed. Colon		ONSET AND DEATH
similar cian dept		H	153.8 DUE	TO O			
uire hysi gne gne urial			Conditions, if ony, which gove rise to immediate couse (a),	10 Carebro vasarlin	asse dont		3 days
reg			stoting the underlying couse DUE	то			,
din din si the siar t			last.	(c)			
he later	.,	NO	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDIT	(ION GIVEN IN PART 1(b)	19 WAS AUTOPSY PERFORMED?
AM: The at ar at art icate ha for use Health g	3	CERTIFICATION					YES NO 223
		RTIF	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (8	inter noture of injury in Port	t I or Port II of item 1B.)	
Z st p e i			(IF EITHER, NOTIFY MEDICAL EXAMINER)		AF 1111/19/17/11	Long (C)	
This of the perfect Dep		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.		OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town) (Cos	unly) (Stote)
by the free does do		2	p.m. 19	of work U of work U			
Af be a be				pital) ottended the deceased from	7, 19	50 May 16 , 196	7, that (1) (30%) last
ain So la			saw the deceased olive on 2 220. SIGNATURE	May 16 1967 ond mor	death occurred of 1		ne date stoted above.
L OR A be reft DIRECT ge 3 st iled wit			ZZO. SIGNATURE	m. B. P. M. M.D.	ATTENDING ME	ED. STAFF 225. DR	13/17
LOR be DIR ige 3			22c. PHYSICIAN'S	Mesosley M.D.	22d. ADDRESS	RELIOK LI PHIS. LI] 3	110
may be RAL DIS	- /		NAME (Type) Donald W.	Mitchell M. D.	1746 8	STNU WAS	K D.C.
OSI e 4 JNE	^	230	BUR AL CREMATION. 23b DATE THE	REOF 23c, NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County), (Stote)
Page 4 may 10 FONERAL Director, page should be file	P	7	REMOVAL (Specify) 5-20-	- 1967 EFTAR HILL	CEM	23d LOCATION (City of Town) SUITLAND, MARY	LAND
VR A15 (4)	4		FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	_ak a_	
20 M 1/66	V	(U. W. Chambers	Steverelole M	DATEMAY	22 1967 Mlany	By Judge



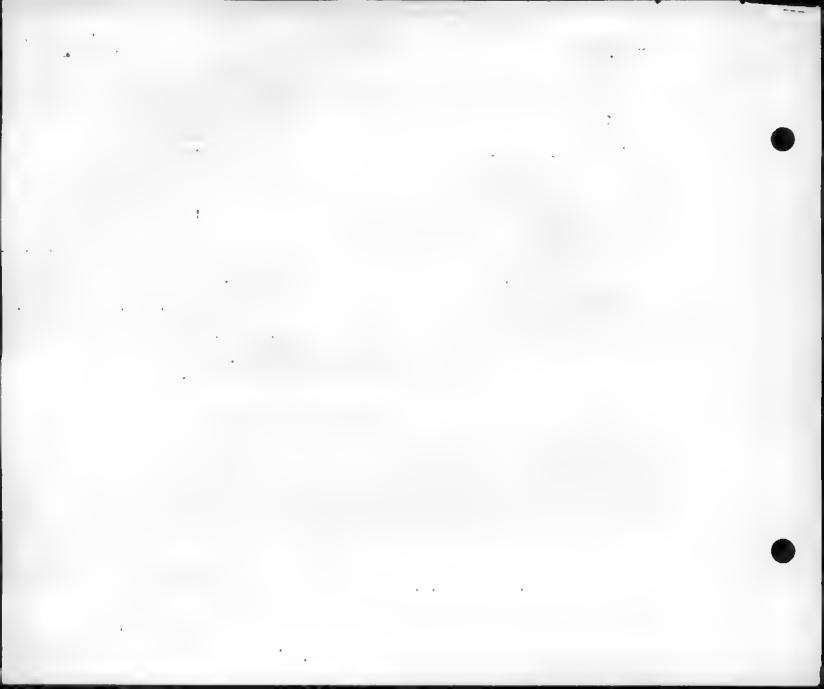
W. PRESTON STREET, BALTIMORE, MARYLAND 21201 301 DIVISION OF VITAL RECORDS.

Miled in by the funeral TO FUNERAL DIRECTOR: After this certificate hos been signed by the oftending physicion and completely director, page 3 should be defoched for use as the buriol-transit permit. Then please remave carbot director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbal should be filed with the State Dept. at Health prior to buriol, cremation, or removal, and in ony eyent, w VR A15 (4) 25M 1/67

TO MOINTAIL OF ATTINUING PHYSICIAN: The low requires that the death certificate by executed within 24 hours offer death.

Page 4 mmy be retained by the hospital or attending physicion.

	3713:	21 7 A Juni	CERTIFICATI	E OF DEATH			07111		
	PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased	d lived, if institution	: Residence before admission)		
	OUNTY Prince George		MARYLAND	o. STATE Maryl		b. COUNTY	rince George's		
	b CITY OR TOWN (If autside corporate I-m	its,	c LENGTH OF STAY IN 15	CITY OR TOWN (If	outside corporate	hmits, write RURAL	and give nearest fown)		
	write RURAL and give negresi town) Cheverly		2 days	Hills	ide		. /. /		
	A NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, gi	ive street oddress)	d STREET ADDRESS			e IS RES DENCE ON A FARM?		
_	Prince George's (General	Hospital	1139	49th Av		YES NO]	
	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year		
	(Type or point)	John	Alvin	Long	DEATH	May	19 19 67		
. :	SEX 6 COLOR OR RACE	7. MARRIED	NEVER MARRIED 🐷	B. DATE OF BIRTH	9		FUNDER LYEAR FUNDER 24 HR. Months Doys Hours Min		
	Male White	WIDOWED	DIVORCED	Dec. 10,19		4/ 50 yrs			
0e Iuri	SUAL OCCUPATION (Give kind of work doning most of working life, eyen if retired)	B IOD KI	ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Count	*	ign (ountry)	12 CITIZEN OF WHAT COUNTRY?		
	- Stiffet		Painter Painter	Virgi			U. S.	A	
13.	FATHER S NAME			14. MOTHER'S MAIDEN					
	Fred L	- 0			ie P. Wa	aller			
15	WAS DECEASED EVER IN U.S. ARMED FORCES (s., na, or unknown) (If yes give woy prodotes	? 16. S		INFORMANT		Address			
(10	is, no. 14 Merchanis (1) Jes dive mol 18 dones	Ot zerave)		John M. Long	g 1130	49th. Av	e. Hillside Md.		
	1B. CAUSE OF DEATH (Enter only one of	ouse per line for	(a), (b), and (c).)	·			INTERVAL BETWEEN	=	
	PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (d) Acute bacterial endocarditis aortic valve								
	4300 DUE TO with perforation of aortic cusp.								
	(and tons, if any, which gove) (b) Bilateral bronchial pneumonia, severe.								
	rise to immediate cause (a), stating the underlying cause DUE TO								
	last.	(c)							
	PART II OTHER SIGNIFICANT CONDITIONS	CONTR BUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	ONDITION GIVEN	IN PART 1(o)	19 WAS AUTOPSY PERFORMED?	=	
5							YES NO	ר	
II.S	20° ACCIDENT WAS UNDERLYING	7 20b. DES	CR BE HOW INJURY OCCURRED	(Enter nature of injury ii	Port Lor Port	Il of item IB)	1 100 XX	=	
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, and the state of	(67.101 15.10.10 01 1 1 1 1 1 1 1					
5	20c. TIME OF N. JRY Month, Dov. Year	20d IN	JURY OCCURRED 20e PL	ACE OF INJURY (Home, for	rm 20f.	(City or town)	(County) (State)	-	
MEC	Haur o.m. s.m. 19	While of work		ctory, street, office bldg., et	c)				
i	21 I certify that (1) (this ho	spital) attend	led the deceased fram.	May 17	19 67 to	May 19,	, 19 67, that (I) (we) la	_ ost	
	saw the deceased alive an_	May 19,	19 <u>67</u> , and the						
	22a. SIGNATURE			ATTENDING	MED.PM	STAFF	22b. DATE SIGNED		
	Edura	Lear	sen M	LD PHYS	O RECTOR L	PHYS 🔲	May 20, 1967		
	NAME (Type) Edwin J.	Jensen	M D	1			eneral Hospita	L	
					-1-5 2-1	. Marylan		=	
230	BURIAL, (REMATION, 23b. DATE T		230 NAME OF CEMETERY OR			ATON (City of Town	, ,,		
	Burial May	23,196			Su:	itland, M	d.	_	
24	FUNERAL DIRECTOR Allobert E. Wilhel	m/Fun	ADDRESS Home 4308 Sui	tland Rd.	A P REGISTRA	1997 22P REGIS	TPAR'S SIGNATURE		
	Ralient & Wille	Elen	Suitlan	d Md DATE	W X	1041	1 2		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	
HEALTH DEPT.	

Deportment e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiners Office along with farm State (event within 72 hours after death File p permit. F **burial-transit** in any (0 and or remayal, the certificate, 3 shauld 4 shauld buria, crematian, FUNERAL DIRECTOR: Page be retained Health prior to funeral

MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Lived of institution, Residence before admission) a. COLINTY b COUNTY MARYLAND Prince George's Prince George's b CITY OR TOWN (If autside carparate imits CLENGTH OF STAY N 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) DOA District Heights Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 7615 Gateway Blvd. Prince George General Hospital 3 NAME OF Middle 4 DATE DECEASED (Type or print) Mack DEATH Mamie IF UNDER S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months DIVORCED W DOWED 2 Nov. 1890 White 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (State or fare an country) during most of working life, even if retired) INDUSTRY Washington D. C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Thaddues Alsop Catherine Frank 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates af service) 17 INFORMANT 16 SOCIAL SECURITY NO. Address Harold V. Mack Same As # 2 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure DUE TO Hypertensive arteriosclerotic heart disease Conditions, if any, which gave 1 nse to immediate cause (a). DUE TO stating the underlying cause PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus - over 5 years. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City a town, Haur a.m. factory, street, affice bldg, etc.) Nat While at work at work 21. I certify that I took charge of the remains described above need an Autopsy Inspect on x. Inquiry de .

ACTUAL SIGNATURE NAME (Type) John Kehoe, M.D. Riverdale, Md. A

Notural couses on Accident

23b DATE THEREOF 23a BURIAL CREMATION BREMOVAL (Specify) 5/26/67

death resulted from:

Cedar Hill Cemetery

Suicide 🗌

Prince REC'D BY REGISTRAR

Hom cide Undetermined monner

23d DCATION Fly or " wo

Georges Jary Jaryland

"aunivi

e IS RESIDENCE ON A FARM?

Haurs

USA

INTERVAL BETWEEN

ONSET AND DEATH

over 8 vrs.

9 WAS AUTOPSY

PERFORMED?

ond in my opin on

22. DATE SIGNED

NO 🛣

(State)

minutes

Day

YEAR

Days

12 CITIZEN OF WHAT

NO 30

19 67

24 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 4308 Suitland Road, suitland, Maryland

CHIEF MEDICAL EXAMINER

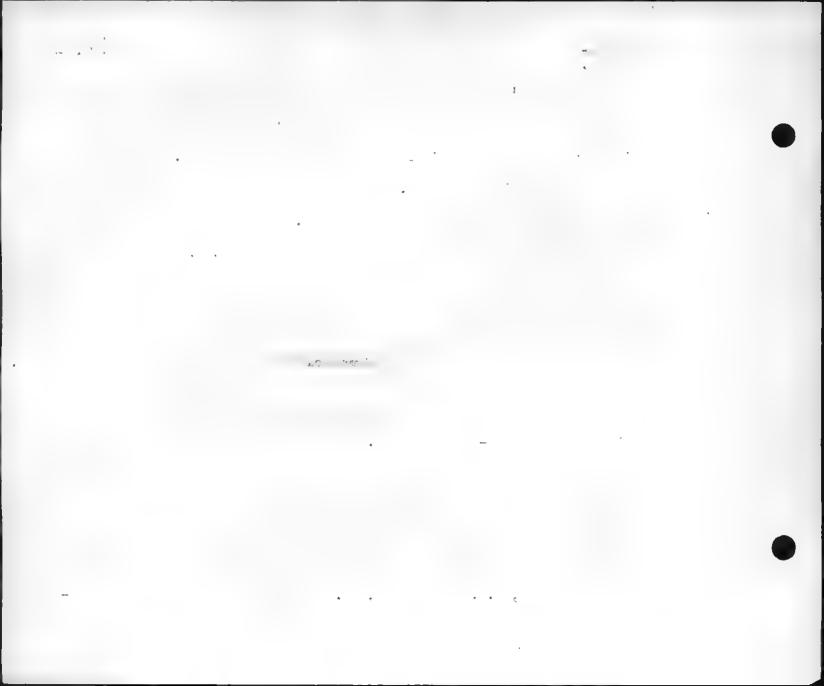
ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street city, lown, ar county)

VR A 15ME (S) Y) 6M 1/67

9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE	07133

07113

e IS RESIDENCE ON A FARM? YES NO Yeor

IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH minutes unknown

19 WAS AUTOPSY PERFORMED?

and in my opinion

22. DATE SIGNED

DATE UN 5

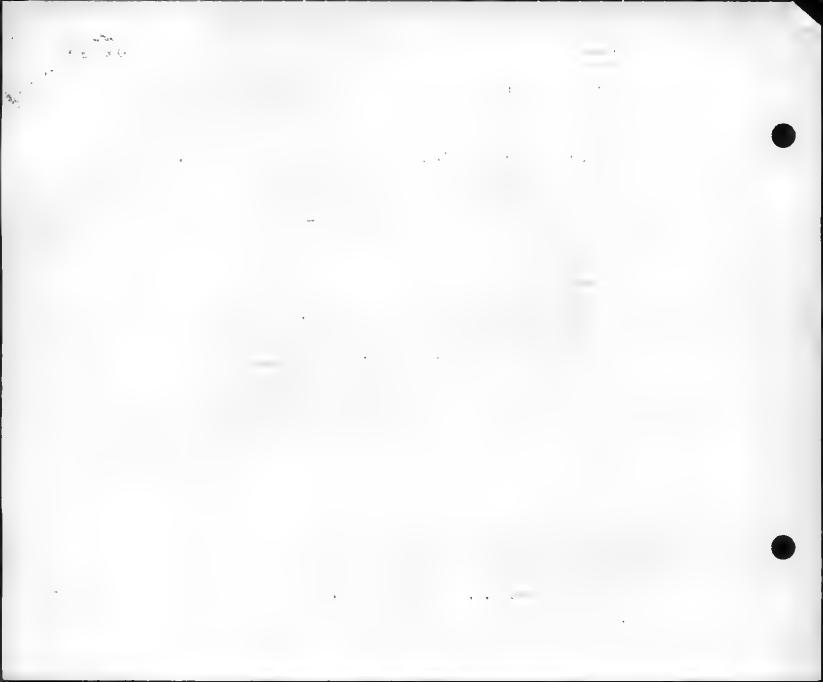
1967

NO [3

FOR STATE		07133 MEDICA	AL EXAMINER'S	CERTIFICATE OF	DEATH	071	13
HEALTH DEP.	T.	PLACE OF DEATH o. COUNTY			ere deceased lived, if institu		e admission)
Poge	7	Prince George's	MARYLAND	o STATE Maryland	b col	ince Georg	e¹s
delay and 3 M3 Pag	VI)		LENGTH OF STAY IN 16	c (TY DR TOWN (If outs	ide corporote limits, write R		
	ン	Cheverly	DOA	Upper Marl	boro		
5 0	,	d NAME OF HOSPITAL OR INSTITUTION (finat in hospital give	street oddress)	d STREET ADDRESS			e IS RESIDEN ON A FARI
es form		Prince George General Hospit	tal	1688 Westph	alia Rd.		YES N
after death If wiry S. Give Pages 1, 2, a Slong with farm Ph		3 NAME OF FrSI DECEASED	Midd e			nth Doy	Yeor
ive ive g w		(Type or print) Marion		Madsen	DEATH 2	5 29	19 6
olon of the	9	S SEX 6 COLOR OR RACE 7 MARRIED	므!	8 DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Dovs	Hours 1
		Female White WIDOWED	DIVORCED	3-5-1896	71 yrs		
hours Item 1 Offfre	3)	100 USUAL OCCUPATION (Give kind of work done during most of work, natte, even if retired) INDUS	DE BUSINESS OR IRV	11 BIRTHPLACE (State of		12 CIT ZEN OF	
	2	Housewife		Czechoslov			USA
		13 FATHER S NAME		14 MOTHER 5 MAIDEN NA			
L with per Conference File	<u></u>	Unknown		Unkno			
executed with anding in pending Medical Exami	7/ 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [If yes give wor or dates of service]		NFORMANT		fress	
ang edic		NO		st L. Madsen	Same As #		
d be executed rd 'pending in Chief Medical B-tronsit permit. I-tronsit permit. In Transit in Inc. Transit in I	event within /2 hours	18 CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY				ON.	ERVAL BETWE SET AND DEA nutes
d be d pe Chief ronst	ven	IMMEDIATE CAUSE (0) Heart					
iol he so	any	Conditions of you which your t	iosclerotic h	neart disease		un	known
he v to the	5	nse to immediate couse (o),			<u> </u>		
vertificate writing th rworded to	and	stating the underlying couse (c)					
s certificate e, writing t forworded used os a	ō	PART II. OTHER SIGN F CANT CONDIT ONS CONTRIBUTING TO D	FATH BUT NOT RELATED TO	THE TERM NA DISEASE COND	ITION GIVEN IN PART 1/01	19	WAS AUTOPS
0 2 2 3	removo,	NO. THE STORY CART CONDITIONS CONTRIBUTION TO D	CATT DOT NOT KEENTED TO	THE TEXAMORE DISEASE COND	mon onen minke hoj		PERFORMED ES NO
be be	E B	200 EXTERNAL CAUSE WAS 206 DESCRI	BE HOW INJURY OCCURRED	(Enter noture of in Lov in Po	or Port II of Item 183		,3 110
<u> </u>	5	PRIMARY Or CONTRIBUTING CAUSE OF DEATH	DE HOW MISOR! OCCURRED	(constructions of the cry in re-	or or it of hour to ;		
EXAMINER: cute the certiage 4 should ryour files.	cremotion,	20c TIME OF INJURY Month, Doy, Year 20d INJUR		CE OF INJURY (Home, farm	20f (City or town)	(County)	(Sto
EXAM ute th ige 4 your Page		Hour om While of work		ary, street, office bldg , etc]			
ecute Page or you R: Pag		21 I certify that I took charge of the remain		ld an Autapsv 🗀.	Inspection 🖈 Inc	ory 😿 and	in my op
A X Y TO I	DUTIO	death resulted fram. Natural couses 🗷		ide 🔲, Hamiciae [Undeterm ned		/,
Mtc.C.				CHIEF MEDICAL EX			
Ple din	prior 10	SIGNATURE CAPES	1-01	M D ASSISTANT MED C	AL EXAMINER	2	22. DATE SI
SSORY Cunerol Oy be r		EXAMINER'S		DEPUTY MFDICAL			/
	ed ith	NAME Type John/Kehoe, M.D. F	Riverdale, Md	Address (Street)	cty, lown or county)		31-67
The the contract of the contra	Je Je	DENOVAL A see 1	TO NAME OF CEMETERY OR		23d LOCATION (City or 1		,
-	Q.		Vashington Va	itional	Prince Geo		
VR A15ME (5)	M	24 FUNERAL DIRECTOR Robert E. Wilhelm	Furieral Home	2So RECD I		REGISTRAR S SIGNATUR	1

4308 Suitland Road, Suitland, Maryland

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove care in page 7 and 2 should be detached for use os the burial-transit permit. Then please remove care in page 7 and 2 should be detached for use os the burial-transit permit. Then please remove care in 72 hours of 12 and 2 hours of 12 and 12 hours of 12 and 12 hours of 13 and 13 and 14 and

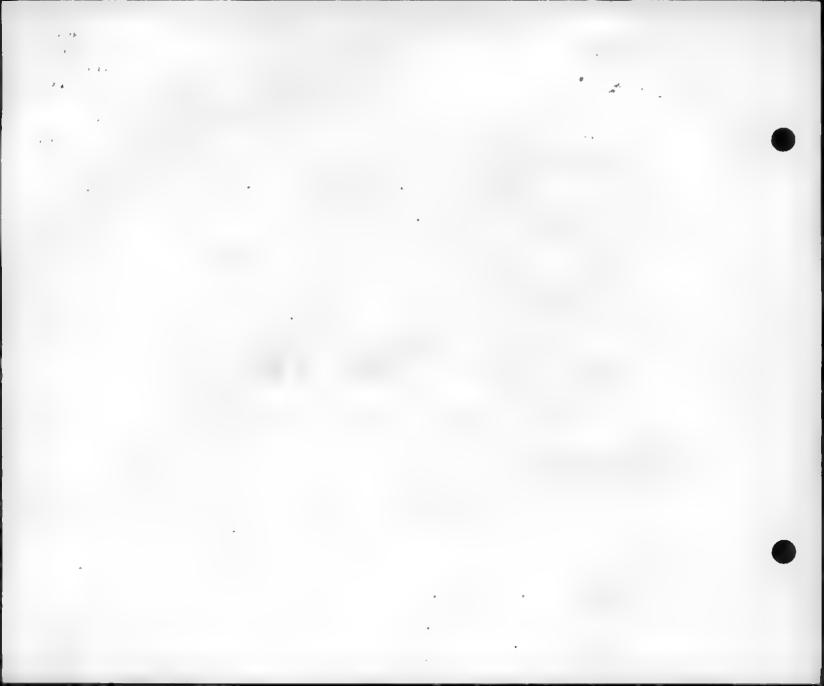
07134

CEDI	1516	ATE	ΔE	DEATH	
IFKI	11-11	$\alpha =$	11111-	THEATH	
V-L-IVI	11 15			- PAR TILL	

07114

01203				V • 1 1				
1 PLACE OF DEATH 0. COUNTY "	2 USUAL RESIDENCE (Where deceased 1 ved, if institution Residence before admission) 6. COUNTY							
Prince Georges								
b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest tawn)	b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 1b			CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
Cheverly	9 days	Temnle Hills		111	,			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g	ive street address)	d. STREET ADDRESS			e IS RESIDENCE			
Prince Georges General Hos	4929 Temple H	ill Road		ON A FARM? YES NO				
3 NAME OF First	Middle	Last 4 DA1	E Manth	Do	Year Year			
(Type or print) Samue 1		arquis JR. OF DEA		4,	1967			
5 SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9, AGE (in years last birthday)	IF UNDER 1 YEAR				
		March 15, 1907	60 Atz	Manths Days				
	ND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, o	r foreign country)	12 CITIZEN (
during mast of working life, even if retired) INI CONTRACTOR CO	NSTRUCTION	WEST VIRGINIA		COUNTRY				
13. FATHER'S NAME	TO THOU TO IT	14 MOTHER'S MAIDEN NAME			USA			
SAMUEL A. MARQUIS		BERTHA LAN	LEY					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO 17 I	NFORMANT	Addres	S	-			
(Yes, no, ar unknawn) (If yes give war ar dates of service)	Tr.	ELM//1. MAROUIS	D 13 m 1 m 1	7				
		ELM//I. MARQUIS	SAME AS					
18. CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (k).)	4-11			NTERVAL BETWEEN INSET AND DEATH			
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	1840atic	Jaclure		0	NOET MAD DEATH			
DUE TO	A 11	0.1.						
Foodstoor if any which nove >	Portal	Culyus						
use to immediate rause (a)								
stoting the underlying couse DUE TO								
last (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION O	GIVEN IN PART 1(a)		P WAS AUTOPSY PERFORMED?			
<u> </u>					YES X X NO			
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or	Port II of item 18)					
	JURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm. 20	(City or fown)	(County)	(Stote)			
Baur a m. While		ary, street, office bldg, etc.)	(city of town)	(coning)	(310.6)			
≥ pm 19 otwark		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
21. 1 certify that (1) (this hospital) attended the deceased from April 25, 1967, to May 4, 1967, that (1) (we) last saw the deceased alive an May 4, 1967, and that death accurred at 12:15M, from causes and on the date stated above								
saw the deceased alive an May 6	19, and that	death accurred at 12:1	M, tram causes a	nd on the do	ite stated above			
220 SIGNATURE		ATTENDING MED A	M	22b. DATE SIG	NED			
Ederntwer	MI MI	O PHYS 🔼 DIRECTOR	STAFF PHYS.	May 4	1967			
22c PHYS CIAN'S		22d ADDRESS						
NAME (Type) Edwin I. Jensen	M. D.	Prince George:	s General H	lospita]				
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d	LOCAT ON (City or Tow	n) (Cgun	ty) (State)			
REMOVAL (Specify)				,	** ' '			
	MT. OLIVET CE		RKERSBURG.					
24 FUNERAL DIRECTOR ROBERT E. WILHEL	M FUNERAL HOME	2So REC'D BY REG		ISTRAR S SIGNATI				
4308 SUITLAND ROAD, SUITL	AND MARYLAND	DMAY 8	1967 8CC	carles &	udge			

VR A15 (4) 25M 1/67



funeral within 24 hours after by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after INTERNDING PHYSICIAN: The law requires that the death certificate be executed vertained by the hospital or attending physician. TOR: After this certificate has been signed by the attending physician and completely

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07135 CERT	FICATE OF DEATH	07115
1. PLACE OF DEATH a. COUNTY Prince Georges	a. STATE	ceased lived, If institution; Residence before edmission) b COUNTY
	Maryland Maryland	Prince Georges
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF write RURAL and give neerest town)	TAY IN 16 c. CITY OR TOWN (If outside corpu	orete limits, write RURAL and give nearest town]
Cheverly 13 da	ys Laurel	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street e	dress) d. STREET ADDRESS	. IS RESIDENCE
Prince Georges General Hospital	219-D PFD #2	ON A FARM?
3. NAME OF BUILD First Middle First	Marsh OF	Month Day Yeer
(Type or print)	Marsh DEATH	ma ^{May} 2 ²² 1967
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA	RIED 8. DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
Male White WIDOWED DIVO		44 yrs.
10e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired)	OR INDUSTRY 11 BIRTHPLACE (County & State, or	fore gn country) 12, CITIZEN OF WHAT COUNTRY
Ing ener mechanical	1 1- Lake	in USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	•
I crnaw / // ason	Weller N	any
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURIT	NO. 17. INFORMANT	Address
[Yes, no, or unkown] (If yes give we rordates of service)	A the same	
18 CAUSE OF DEATH [Enter only one cause per tipe for (e), (b), er	Hall I was a second	I INTERVAL BETWEEN
1 / AART BEATTONIES GAVEEN BY	inal Hemorrhage seconda	ONSET AND DEATH
IMMEDIATE CAUSE (6)		IV LO
DUE TO ruptured esor	hargeal varices.	
Conditions, if any, which \ (b) Hepatic insu	ficiency, secondary to	
The state of the s		
cause lest. (c)		
PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO D 20 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU. OR CONTRIBUTING CAUSE OF DEATH OR CHIEFER NOTIFY MEDICAL EXAMINER!	ATH BUT NOT RELATED TO THE TERMINAL DISEASE	PEDFORMED2
S 20 ACCIONAL WAS INSPERIATION OF LOSS OF SCHOOL FORWARD	Date Date of the Control of the Cont	YES NO
206 ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJU. OR CONTRIBUTING _ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURED. (Enter neture of injury in Pert I or Part II	or item [B.]
3 20c. T ME OF INJURY Month, Day, Year 20d. INJURY OCCURR	20e, PLACE OF INJURY (Home, ferm, 20f, (City	or town) (County) (Stelle)
Hour e.m. While Not While	fectory, street, office bldg., etc.)	
p.m. 19 et work at work	10 17	
21 I certify that (I) (this beauty) ettended the dece	1 33	
saw the deceased alive on . 9/2-2 19.6.	and that death occured at J. J. from	the causes and on the date stated above
220. SIGNATURE		, 22b, DATE
afroment (I grove	M.D. PHYS. MED.	STAFF PHYS. SYGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Typo) & NAME (Typo)	MEAUL 3503/2 AM	121 H 1 6 Cours 2000
234 BURIAL CREMATION 236 DATE THEREOF 236 NAME O	STATETERY OR CREMATORY 23d 10C	ATJON (City, lowe or county) (Stele)
REMOVAL (Specify)	encaln Cat	man Man un Mid.

ADDRESS

25a, REC'D BY REGISTRAR 25b, REGISTRAR S SIGNATURE

1967 Icherela Judges

TO HOSPITAL death. Page 4
TO FUNERAL VR A15 (4)

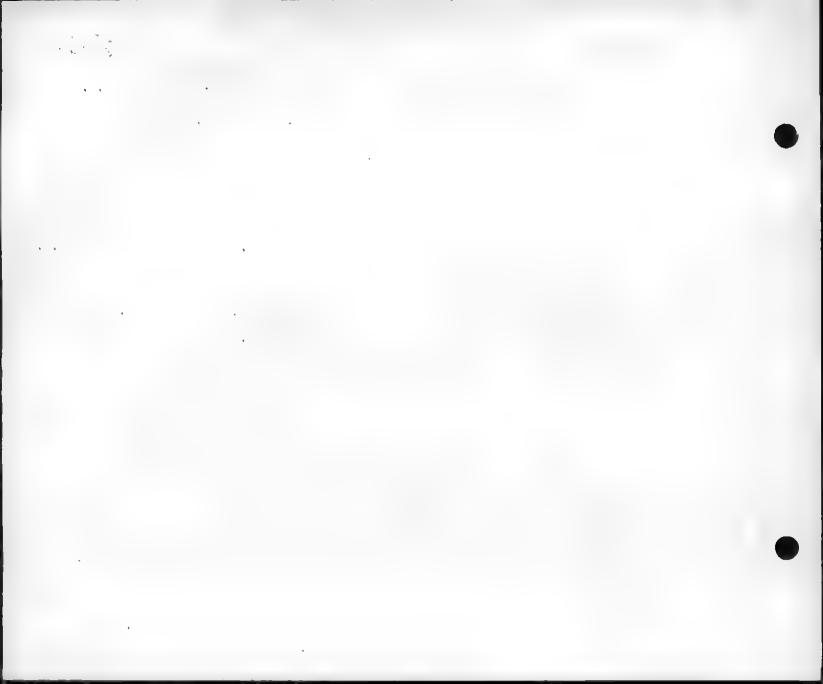
1SM 7/61

EUNERAL PIRECTOR'S SIGNATURE

Tri



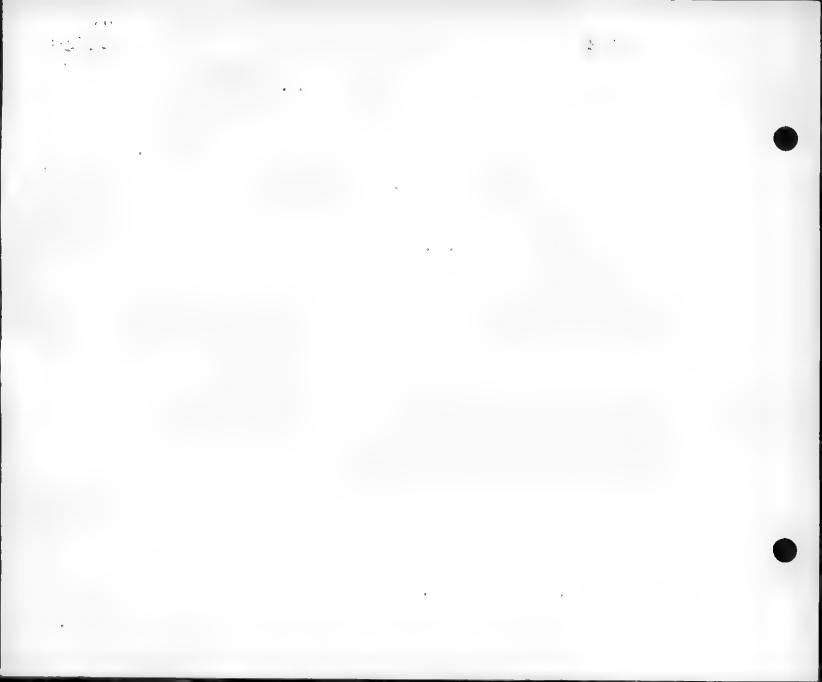
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF executed within 24 haurs after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. COUNTY b. COUNTY papers Pages I of thin 72 hours after of MARYLAND b CITY OR TOWN (f outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hyattsville muce Mo. e IS RESIDENCE campletely filled in ove carban papers d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? within 72 YES □ NO □ NAME OF Middle DATE Month Dov Year First Lost DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years S. SEX NEVER MARRIED ond comp 6 COLOR OR RACE 7 MARRIED birthdoy) Months Doys Hours badinany WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 13. BIRTHPLACE (County & State, or foreign country) law requires that the death certificate be COUNTRY? . C during most of working life, even if retired) INDUSTRY ه د انه الدو ال 11011c , L. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physiburial-transit permit. Then planning burial, cremation, ar remaval, 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per rine for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse (fter this certificate has been be detached for use as the State Dept. af Health prior to lost. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO director, page 3 shauld be detached for us 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2De. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stota) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While ot work 21. I certify that (1) (this haspital) attended the deceased from 40 19*6*/, that (I) (we) last director, page 3 shauld shauld be filed with the M, from causes and on the date stated above. 19 67, and that death occurred at 5 saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR PHYS M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 23b. DATE THERFOR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 6116 de 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Son Fineral VR A15 (4) 20 M 1/66



Caroner Jakifif

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	(M)	0713	33		CERTI	FICATE	OF	DEATH			0.5	71.10
death	Tuneral Torreler dear	o. COUNTY	e George		Mal	RYLAND		JAL RESIDENCE (V STATE D.C.	Vhere deceased in	ved, if institut b. COU		fore damission
rs after	sompletely filled in by the furnive carbon papers. Pages 1	b, CITY OR TOW! write RURAL	I (If outside corporate limit and give nearest tawn)	\$,	c LENGTH OF STAY		c CITY	OR TOWN (If ou	·	nits, write RJI	RAL and give ned	orest town)
24 hou	d in by pers 72 hou		PITAL OR INSTITUTION (If n				d STR	FFT ADDRESS		T T		e IS RESIDENCE ON A FARM?
ithin.	y fille on pa within	3. NAME OF	<u>e Leland Mer</u> F	norial m	Hospital Middle		<u> </u>	LOUG Be	nning Rd	Moni	th I	Day Year
3	a de t	DECEASED (Type or print)	Geo	orge	В.		N	atthews	DEATH	5	1	19 67
nted	E .	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	DATE	OF BIRTH	9 AG	F (In years	IF JNDER 1 YEA	
xeci	SOF	Male	Negro	WIDOWED	DIVORC	ED 🔼	1-	-1-22	45°°	t birthdoy) Yrs	Months	(2 HOULZ M'U'
e pe e	= 0 1	1Do JSUAL OCCUPAT during most of worki Cle	ON (Give kind of work done ng life, even if retired) TK	1Db Ki	IND OF BUSINESS OR DUSTRY S. Govt		11 Bt	RTHPLACE (County Marylan	_	conuţi,	12 CITIZEN COUNTI	OF WHAT RY?USA
<u>.</u>	Se e	13. FATHER'S NAME					14. M	OTHER'S MAIDEN I				
ertif	ph) hen navo	Berr	ard Matthew	S				Ma	rgaret J	acksor	1	
death o	attending physician and sermit. Then please refrance, or remayal, and in the	TS WAS DECEASED	VER IN U.S. ARMED FORCES? (If yes give wor or dotes)	16	SOCIAL SECURITY NO		NFORM.	ant er and M	e dical F	Addre Records		
low requires that the death certificate be executed within 24 hours after death	signed by the burial-transit purial, cremati	Conditions, if o	DEATH (Enter only one co EATH WAS CAUSED BY IMMEDIATE CAUSE OUT Ny, which gave iote couse (o), derlying couse DUE	(o)	(0), (b), ond (i)) EREBRO	VAS	CU	M2 6	Acciden	7		INTÉRVAL BETWEEN ONSEY AND DEATH
19	the proof	PART II OTHER	SIGNIFICANT CONDITIONS		HEP.	477 C	+	AILUR	E			19 WAS AUTOPSY PERFORMED? YES NO
rsician		OR CONTRIBUTI	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)		SCRIBE HOW INJURY							
IG PHI	this this detact		p.m. 19	While of wor		foct	ory, stree	JURY (Home, form et, office bldg , etc.)		ly or town)	(ytruo3)	
O HOSPITAL OR ATTENDING PHYSICIAN:	5 5 50 0		tify that (1) (this had deceased alive an⊅	spital) atten	aed the deceased	d fram_5 and that	5-6-1 1 death	67 , 1 n accurred at	9 ta 5 8 25 AM, fr	5-18-6' am (auses		
OR AT	be refained DIRECTOR: / Je 3 shauld ed with the	22o. SIGNATU		ollie	auw	М.). PH		MED DIRECTOR	STAFF PHYS.	22b. DATE S	18-67
PITAL	Page 4 may be retaine 5 FUNERAL DIRECTOR: director, page 3 should staveld be filed with th	22c. PHYSICIA NAME (Ty	pe) C. J. Ho	umann,	M.D.			d. ADDRESS 나타 으 나 되고e				le. Md.
HOS	Page 4	230. BURIAL, CREMI REMOVAL (Spe BURIA	TION, 236 DATE TH	IEREOF	23c NAME OF CE					Oh (City or To		unty) (Stote)
2	2000	BURIA	/ 5/2/	/67	CARVE	R MEM	DRIA	L PARK	DA BEOTETDAD	LAUREL	PRINC	E G. MD
	VR A15 (4)	24 FUNERAL DIRE	1/ /1	1000	ADDRESS	ACA	L.	MAY .	BY REGISTRAR	gol.	egistrars signi	COLUMN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07120 CERTIFICATE OF DEATH 07140 PLACE OF DEATH a. COUNTY PG. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE **b** COUNTY Riverdale Washington, DC. c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Washington. Riverdale 1Day d, NAME OF HOSPITATOR INSTITUTION (If not in naspital, give street address) tugene Leland Hospital. d STREET ADDRESS 20-11E11 Street NoW.

-/-							11					1		110
		NAME OF DECEASED		rsŧ	Middle		Lost	4 DAT	TE 3	Marth		Day	Ye	ar
		(Type or print)	Ed	ward	H		McCrahon.	DEA		Ma	~	2	19	67
	5	sex Male	6. COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIE DIVORCE	الإفسا	3-11-91		9. AGE (In year	rs 1 γγ) λ	F JNDER Nonths	Days	Hours	Min.
9	R 13	etired fi	(Givekind of work done) Devial and the Com Com DC - Go r McCraho	11 BIRTHPLACE (County & Stote, or foreign country) New-York 14. Mother's Malden Name Mary Hughes										
	15 (Ye	WAS DECEASED EVE as, not transless with	R IN U.S. ARMED FORCES?	of service) 579	OCIAL SECURITY NO. 9 03 1862		NFORMANT gene Lelan	d Ho	ospital,	Address 44	08 Q	ueer	sbuz	ry Rd
		PART 1 DEAT	ATH (Enter only one cou H WAS CAUSED BY IMMEDIATE CAUSE	(o) VE	(o), (b), ond (c))	JLA	R ACHY	CAR	0, 9 3	Fi.	3R.		RVAL BET	
		Canditions, if any, rise to immediate stating the under last.	which gave)	(b) M;	JUAR ?). 4i	VEAR	- · v	r, 40	V 13	<u> </u>	٥n	5 U	15-65X
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								WAS AUTO PERFORM S				
	L CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED	Enter noture of injury in	Part Lar	Part I of item 1	3)				
	MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. IN While at work	JURY OCCURRED Not While at wark		CE OF INJURY (Hame, farmary, street, office bldg., etc		f (CI*Y ar taw	·n)	(Ca	unty)	((Stote)
			y that (I) (this has ceased alive an_		ed the deceased	fram	2 May 1 t death accurred at	615	, ta PM_from_cau	ses on		be date	at (I) (we) last
		22a SIGNATURE	177	Tue		K M.I	ATTENDING -	MED DIRECTO	R STAFF		22b D	ATE SIGNI	ED _	7
1		22c PHYSICIAN'S NAME (Type)				KEH	० ह		VERIAL		M			
		BJRIAL, CREMATIO B JREMQYAU (Specify)		EREOF			National	A	LOCATION (Gity Lexande		r	(County)		Va.
		. FUNERAL DIRECTOR	Gasch's So	ns Hv	ADDRESS attsville,	Md.	250 REC		1967	REGIS	TRAR S	SUTATUR	udg	之

1967

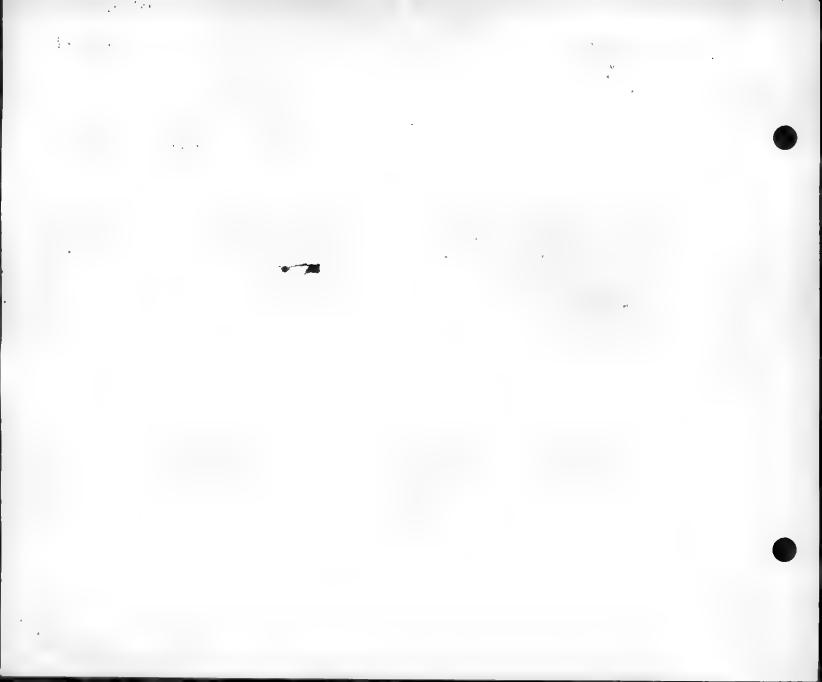
DATEMAY 5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pupel should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, when 72 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

by the funeral

urs after death

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07121 CERTIFICATE OF DEATH deoth. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY Prince Georges MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) hours Washington, D. C. Glenn Dale (rural) 9 ma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? Dopers. d. STREET ADDRESS within 72 60 637 D St., S.E. Glenn Dale Hospital YES NO A NAME OF First Middle Lost 4 DATE Month Year Dov corbon DECEASED ∕OF 25. 67 J. McDonough May (Type or pnnt) Gerald. 19 DEATH event IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGE (n years IF JNDER 1 YEAR SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** Si 61 ost birthdoy) Months Hours 8/28/1905 any WIDOWED DIVORCED 0 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT ond in funntture co. during most of working life, even if retired) COUNTRYS cle physician Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, terio Bertha Elbrecht Thomas McDonough ■ftending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 ar decedent 577-12-6787 cremation, no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Massive gastrointestinal hemorrhage corona þ DUF TO signed | buriol-tr buriol, c Conditions, if any, which gove (b) Cirrhosis of the liver with duodenal ulcer and rise to immediate couse (a), esophageal varices 2 months attending [stating the underlying couse as the prior to u III q 19 PART II OTHER SEGNIFICANT CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE IERMINAL DISEASE CONDITION GIVEN IN PART II CHTONIC 19

81COHOOLISM WITH CHTONIC DEATH SYNGTOME AND PETIPHERAL INDUITOPATHY; OSTEO SIL 5 foot; replacement of lower aorta, abdominal aorta & iliac* certificate £t 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH td detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 100 MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While nylon of work After ot work pe 9/1/, 19 66 , ta 5/25/, 19 67, that (X (we) last 21. I certify that (this haspital) attended the acceased from the saw the aeceased alive an 5/25/ 1967, and that death accurred a8:20P M, from causes and on the date stated above. **INTERCTOR:** 22o. SIGNATURE 22b. DATE SIGNED 67 STAFF PHYS. co. 5/25/67 MLD DIRECTOR PHYS director, page should be filed (0) 22c. PHYSICIAN'S 22d. ADDRESS TO FUMERAL 0 NAME (Type) Glenn Dale Hospital, Glenn Dale, Md. ri Moe Weiss, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. (Stote) SUITLAND EMETERY 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **VR A15 (4)** 161 25M 1/67

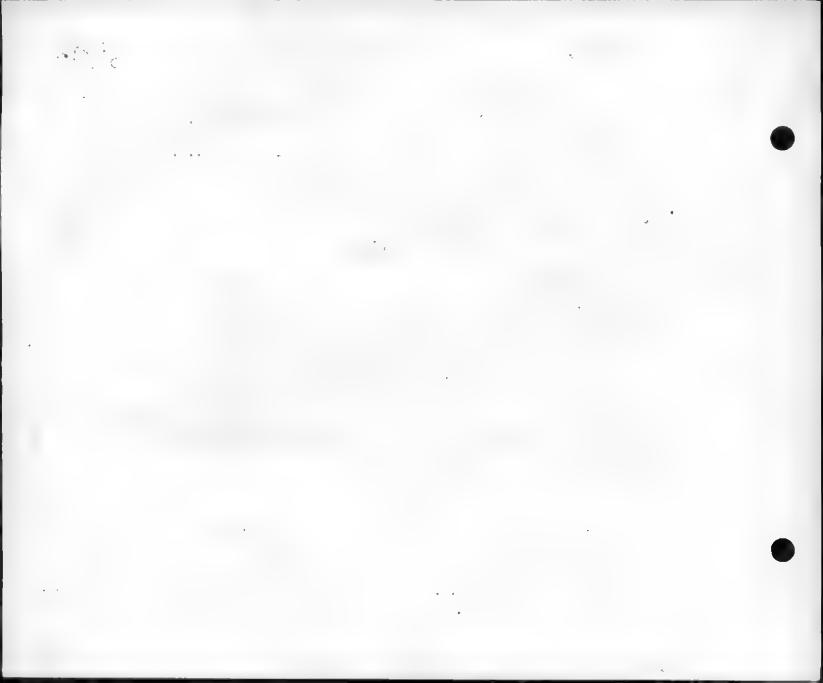
24 hours

executed

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

be retained

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07142 CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before

_	874			CERTIFICAT	E OF DEA	111		0/12	36
1.	PLACE OF DEAT a. COUNTY	H				DENCE (Where decea			e before admission)
		GEORGES		MARYLAND	B. STATE	PRYLAND	b. COUNT	PRING	z George
	b. CITY OR TOW	/N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 1b		N (If outside corpo		2 / 1 / -	
	COLLAGA		'n)	GOYRS	COLLE	SE PAR	H		1.1
_		, , , , , , ,	N (if not in h	Ospital, give street address)	d. STREET AOOR		/	- 1	e. IS RESIDENCE
0	1014 R	CDE ISLA			_	HODE ISL	ANDAU		ON A FARM?
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	MI	ARY	ESTHER.	MCINTY	RE DEATH	MAY	17	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH	9. /	GE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS.
1	EEMALE	WhITE	WIOOWED	DIVORCED	OCT. 24 /	1899 6	ast birthday) M	Ionths Days	Hours Min.
10	a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		E (County & State, or		12. CITIZEN	OF WHAT
		ing life, even if retire		NDUSTRY	Thune!	11711	ne	COUNTRY	
	GUDIGE ,	IF.	1///17	AGENCY U.S.GO	「 W P S A / . I 14. MOTHER'S I		- (1 4.3	. 7
	f. 1	11 - 10 - 1	84.0 7				<i>b</i> =	1. 10 =	
110	JOHN	EVER IN U.S. ARMED FO	/// C Z	NTYRE	LORA	ANNIZ		10405	
ίΫ́	es, no, or unkown)	(If yes give war or dates o	f service)	0	THC, MC	INTYRE	Address	ME AS	世9
_	M	100		. 66701.	111 67 /416	1111111	O/A	112 110	
	18. CAUSE OF	DEATH [Enter only on	e cause per li	ne for (a), (b), and (c).]				INTE	ERVAL BETWEEN SET AND OEATH
	PART I. O	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) 3/	une teas	ine De	net		2	MAD.
	440	X OUE		XII					1
	Conditions, if		(b) 7 h	Comment of the	Litial			24	- MIS
	gave rise to		, , , , , , , , , , , , , , , , , , , ,	/		Ω	-	-	1
2"	cause (a), s underlying cau	se last.	(c) (l	Lebral	apo	pled	4	4	Mrs
CERTIFICATION	PART II. OTHER:	SIGNIFICANTCONDITIO	NS CONTRIBU	TING TO DEATH BUT NOT REL	TEO TO THE TERMI	(AL DISEASE CONDI	FID I GIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
CA			n	me		(J	YE	
Ħ	20a. ACCIDENT	WAS UNDERLYING	20b. C	DESCRIBE HOW INJURY OCCU	JRREO. (Enter natu	re of injury in Part	I or Part II of	item 18.)	
CE	(IF EITHER, NO	WAS UNDERLYING ING CAUSE OF OEAT TIFY MEDICAL EXAMIN	VER)	1//					
ICAL.	20c. TIME OF	INJURY Month, Oay,	Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hom	e, farm, 20f. (C	ty or town)	(County)	(State)
MEDIC	Hour a.	m. / / /	While	Not While facto	ry, street, office bld	g., etc.)	fr.		
Ξ	p.		jat work		1	() (111		
				ed the deceased from		., 19.6.C, to Z		, ,	hat (I) (we) last
	saw the de	ceased alive on 🤼	ry 11	$\underline{}$ 19 $\underline{\leftarrow}$, and tha	t death occurred	at 10 9 M, from			
	22a. SIGNATU	NE 1/2/7	4	3	ATTENDING 2	MEO.	STAFF -	22b. DATE SI	GNED
	an Burneyara	11.10 10	22	M.I			PHYS.	mary	18, 1961
	22c. PHYSICIA NAME (T		+EW/E	MM Ka	22d. ADORES	1. 5000 1	MI	/)	
_		11.0.01	EYXH	VO 11D.		4 KEL -	- 1113		
23:	 BURIAL, CREM REMOVAL (SD 		THEREOF	23c. NAME OF CEMETER		23d. LOC/	ATION (City, town	n or county)	(State)
1	BURIAL	MAYZ	01967	FTI LINICOLA		BLADE	NSBURG-	MARY	LAND
24	FUNERAL OIR	- 4	10 m	AOORESS		REC'D BY REGIST			
	W.W.	"HAMBERS	10 K	IVERDALE M	ARYLAND	MAY 9 9	007 00	linela.	Ouden

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO NOBPLIAL OR MITTEMBING ENVSICEMENT The law requires that the chart certificats he executed within 24 hours af Pags 4 may be retained by the Rospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17143 CERTIFICATE OF DEATH funeral s 1 and 2 fer death. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before PRIN b. COUNTY GEORGES affer MARYLAND b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag write Rural and give neorest town)
IDREWS AF BASE MO. 1 Day UTICA e IS RESIDENCE ON A FARM? YES NO .= d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 20 filled HOSPITAL ANDREWS MILDRED AVENUE completely fi NAME OF First Middle Lost DATE Month Doy Year ₹ DECEASED OF MCSALLY event, JOHN MAY 28 1967 (Type or print) DEATH IF UNDER 1 YEAR SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED B. DATE OF BIRTH **NEVER MARRIED** remave lost birthdoy) Months Hours 29 JUN remayal, and in any MALE WIDOWED DIVORCED 33 gug 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USAF ONEIDA, NEW YORK USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH J. MCSALLY GERTRUDE MACCRACKEN attending poermit. The IS. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Þ 1953-1967 095-20-9692 crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) CARDTAC-RESPIRATORY EMBRASSMENT signed by 1 Page 4 may be retained by the hospital or attending physician.

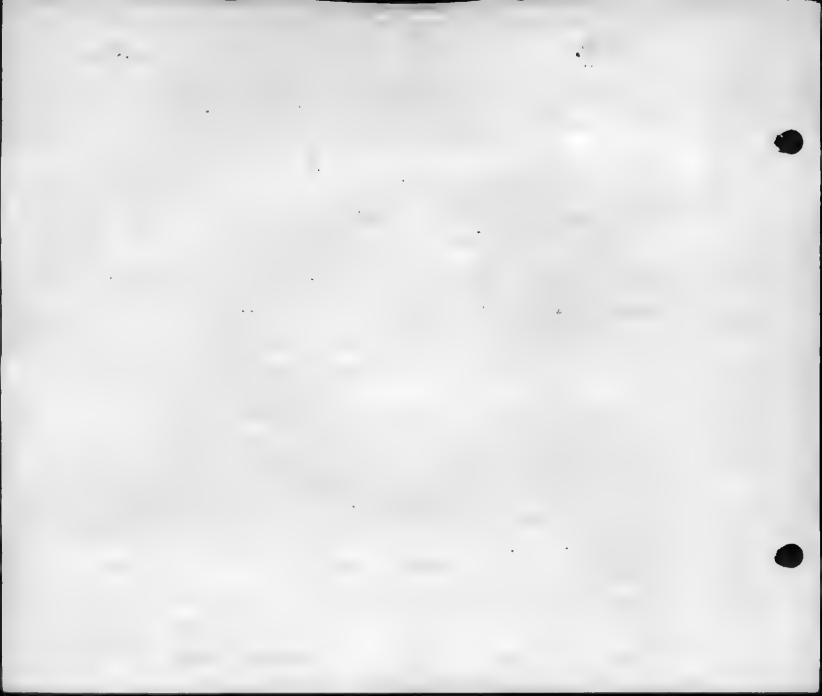
TO FUNERAL DIRECTOR: After this cert frate has been signed by director, page 3 shauld be detached far use as the burial-tran DUE TO burial, Conditions, if ony, which gove METASTATIC DISEASE rise to Immediate couse (a). DUE TO far use as the k Health priar ta b stating the underlying couse io st @ MALTGNANT MELANOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 🔀 NO 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or lown) ((ounty) (Stote) Hour To.m. factory, street, office bldg., etc.) Not While of work . 19 67, to 28 May , 1967, that xl) (we) last 21 I certify that (1) (this haspital) attended the deceased from Apr director, page 3 shauld shauld be filed with the 1967, and that death accurred at 0 - 3 M, from causes and an the date stated above. 28 May saw the deceased alive an... 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** پچا 28 PHYS DIRECTOR PHYS May 1967 22d ADDRESS USA 22c. PHYSICIAN S NAME (Type) Hospital AFR Andrews 230 BUR AL, CREMATION, REMOVAL (Specify) 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCAT ON (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR 250 REC'T BY REGISTRAR 25b REG STRAR S SIGNATURE leave Bo

25M 1/67



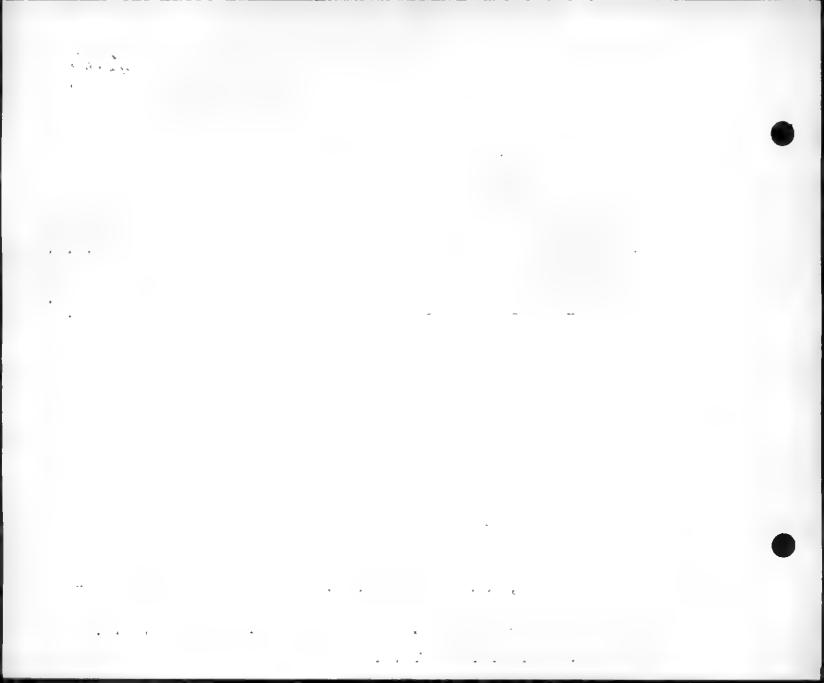
IS RESIDENCE ON A FARM? AGE (In years IF UNDER 1 YEAR IF UNDER 2 last birthday) Months Days 12. CITIZEN OF WHAT COUNTRY! INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO P (County) (State) , and that death occurred a M. M. from the causes and on the date stated above 22Ь. DATE 23d. LOCATION (City, fown or 25b. REGISTRAR'S VR A1S 20M S-63

Pesidence before admission)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ATE		9714	5	MEDI	ICAL EXAMI	VER'S	CERTIFICATE (OF DEATH	0712	25	
EALTH	DEPT.		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased live	d, if institution b COUNTY	Residence before	odmission)
2 4 M	ैंवै			ince George	ats	MAR	YLAND	Maryland			George!	3
5-3-6	3		CITY OR TOWN II	floutside corporate in t	S	C LENGTH OF STAY	N Ib	CITY OR TOWN (fo	uts de corparate lim			
5 5 g	E		Chever	give neorest tawn)		DOA		Forest H	oj cht c		/	
2,2 g	Dd . s		NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, a			d STREET ADDRESS	eremo		e	IS RESIDENCE
<u>-</u> - E	9 19		-	,				301 11 1	4m 4		1	ON A EARM?
ofter death. If 8. Give Poges 1, olong with farm	e State Depart	-	Prince G	eorge_Gener		Dital Middle		124 Mohic		hh .1		
death Poge with	e 5		DECEASED		rst			2001	4 DATE OF	Month	Day	Year
Give	4		(Type or print)	Anr	1	М.		Miller	DEATH	5	7	19 67
hours offer tem 18. Giv	a	5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE		B DATE OF BIRTH			FUNDER 1 YEAR	IF UNDER 24 HRS Hours Min.
0 7 c	314	F	emale	White	W DOWED	DIVORCE		June 1884	82	yrs	100,15	THE STATE OF THE S
Trem Office and a second	lond er dec	100	USUAL OCCUPATION	(G ve kind of work done		ND OF BUS NESS OR		11 BIRTHPLACE (Stote	or foreign country)		12 CITIZEN OF	
4 + 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	ter 1	O#	ng most of working	ile even if retired) Housewif	e INL	DUSTRY		New Yo	ark		COUNTRY?	Α.
n 2	oge s		EATHER S NAME	1000001120				14 MOTHER'S MAIDEN	NAME			
d be executed with,n Z d 'pending'' in pencil Chief Medicol Examiner	as o bural-trons.t permit. File pages londery and in any event within 72 hours after death		Unkr	own				Unknown				
Exc	File 2 h	15			1 16 5	OCIAL SECURITY NO	1.7	INFORMANT	E as	es tddress	1774 1	ſđ.
i lec	= =	(Ye	s no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)			cancis Mil				10L •
ding	ithi	⊨					L J	ancis Mi	TTGL-TC.	F MOHT		RVAL BETWEEN
en en	± 3		1B. CAUSE OF DE	ATH (Enter only one con H WAS CAUSED BY							ONS	ET AND DEATH
be . F	ons ven			IMMEDIATE CAUSE		t failure						
word word	bunal-trons.t		420		10 Arter	riosclerot	ic h	eart diseas	е		unkn	own
오늘	00	1	Conditions, if ony, rise to immediat		(b)							
te sh the	o p	1	stating the under		TO							
ing dec	as		last)	(c)							
This certificate should cate, writing the word be forwarded to the C	used ovol,	-	PART I OTHER SI	GNIEICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	IND T ON GIVEN IN	PART 1(0)	19	WAS AUTOPSY PERFORMED?
(s s) +0	be used removal,	CERTIFICATION										S NO F
Th.; icate be		15	200 EXTERNAL CA		20b DES	SCRIBE HOW INJURY O	CCURRED	(Enter nature of injury in	Port I or Port II of	item 18)		
<u> </u>	should on, or re	E	PRIMARY (or CO! CAUSE OF DEATH	etributing 🗀						,		
NER: certifi hould	sho on,	3		RY Month, Doy, Yeor	20d IN	BURY OCCURRED	20e PLA	CE OF INJURY (Home, far	m 20f (City	or town)	(County)	(Stote)
L EXAMINER: ecute the cert Poge 4 should	You mes. Page 3 should cremation, or	MED CAL	Hour o.n	1	While of work	Max While		ory, street, office bldg., etc		01 10441)	(400)	(21010)
ente oge	4.2. B						hove he	d an Autopsy 🗍,	Inspect an	lnn.ury	ond	in my opinior
AL E execu r Po r Po	DIRECTOR: to buriol,		death result		al Lauses 😿			ide 🔲, Homicide	,	rmined man		iii iiiy opiiioi
se o	<u> </u>		460111 163011	ed from, Rotot		T WOODY L	, 50%	CHIEF MEDICA	The same of the sa	atmined men	na	
ME lea dre	등 등		ACTUAL	1 /	/ / /	1-			DICAL EXAMINER .	1	2	2. DATE SIGNED
0. 2	rior rior		SIGNATURE	17	7/1	27		M D ASS STANT MEDIC		J		
			EXAMINER'S J	ohn Kehoe,	M.D.	Riverda.	Le, M		et city fown or cou	inty)	5-8	3-67
DEPU	Health Health	230	BURIAL, CREMATIC	N, 23b DATE TH	EREDE	23c NAME OF CEM	ETERY OR			N (City or Town)	(County)	(Stote)
2	2		REMOVAL (Specify	1 8-8-	1967	St. Bor	10776	nture Cem	Alle	ranv	N V	
	Chir 161	28	FUNERAL DIRECTO	R		ALDRESS	±61-V-€.	nture Cem	D BY REGISTRAR	255 KEGIS	RAR'S SICNATUR	
VR AT		5	oseph 130 Phs	cawler's	Sons	ash D.C.	,	DATA A	V_1_0_198	7 gel	inver &	next



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 STATE H DEPT. 07146 necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the functor Poge 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Pages 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of This certificate shauld be executed within 24 hours after daoth. If any delay is

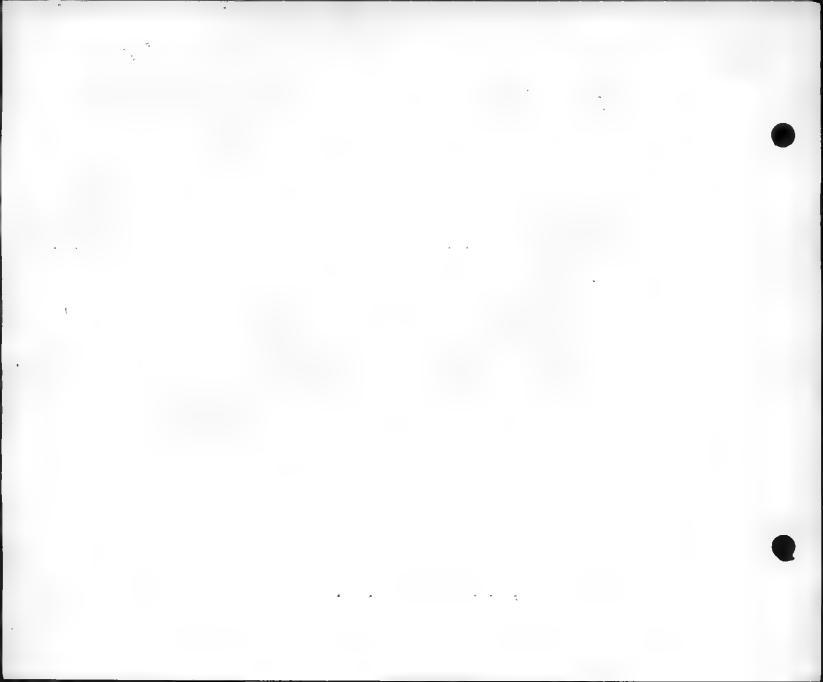
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	07146	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH O	7126
Ī	PLACE OF DEATH		2 USUAL RES DENCE (Where de		s derice before admission)
	Prince George s	MARYLAND	Marvland	b. COUNTY	George's
	b (ITY OR TOWN (f outside corporate limits write RURAL and give nearest town)	L LENGTH OF STAY N 16	c CITY OR TOWN (If outside con	porote limits, write RURAL onc	give neorest town)
	write RURAL and give nearest town)	DOA			, , ,
	Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in	hospital a ve street address)	College Park		T e S RESIDENCE
,					ON A FARM?
	Leland Memorial Hosp		3739 Marlbrou		YES NO 🔀
i [3	NAME OF First DECEASED	Middle	Lost 4. DA1	TE Month	Doy Year
-	(Type or pr nt) Willia		A displayed and but the	ATH 5	1 19 67
1	SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UN lost birthdoy) Mont	NDER I YEAR FUNDER 24 HRS
	male white	WIDOWED DIVORCED	5-26-1905	61 yrs	
	Do USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUS NESS OR	11 BIRTHPLACE (State or foreig		2 (IT ZEN OF WHAT
I	Atmittg ^k Etigtheet	U. S. Government	Pennsylvani	ia	T.S. A.
	13 FATHER S NAME		14. MOTHER'S MAIDEN NAME		
	John R. Miller		Stella E. Ma	tes	
	IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	NFORMANT	Address	
	(Yes no ar unknown) (If yes give war or dates of ser	166 10 3516 EI	lizabeth Miller	Same as #2	(wife)
	18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eart disease		interval Between onset and death minutes over 6 yrs.
	rise to immediate cause (o), stating the underlying cause lost. (c)	· · · · · · · · · · · · · · · · · · ·			
43 OU	PART L OTHER S GMEICANT COND LONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION (GIVEN N PART (o)	19 WA. AUTOPŚY PERFORMED? YES NO
CEBSIGICAL ON		206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or	Port I of tem 8)	
MEDICAL	20c T ME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Home, farm ory, street, office bldg., etc.)	Of (City or town)	(County) (State)
	21 I certify that I taok charge at	f the gemains described above, he	ld an Autapsy 🔲 , 🛮 İnspe	ection 🔀 , Inquiry 🖸	and in my opinion
	death resulted from hatural s	duses 🗷 ,) Accident 🗍 / Suic	ide , Homicide ,	Undetermined manner	
1		/ R T/	CHIEF MEDICAL EXAMINE	R 🔲	
	SIGNATURE TO TE	2 / 12/1	M.D. ASSISTANT MEDICAL EXA	M NER	22. DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EXAM	NER X	
	NAME (Type) John Kehoe, M.			A 7 TO 18 TO 18	5-1-67
2	230 BURIAL CREMATION / 230 DATE THEREO	F 23r NAME OF CEMETERY OR		JOCATION / ty - Tuwn	(County) (State)
	Burial 5/3/67	Oakwood	В	edford _d	Va.
	24 FUNERAL D RECTOR	ADDRESS	250 REC D BY RE		RS 5 GNATURE
]	Francis Gasch's Sons	Hyattsville, Md.	DATEMAY 5	1967 gelie	enley Indok

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER:

Hea th prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.03 08615 97147 CERTIFICATE OF DEATH disp 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O. COUNTY PRINCE b. COUNTY GEORGES MARYLAND PRINCE GEORGES by the f Pages c. LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. SUITLAND d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? HOSPITAL ANDREWS 5541 68th Avenue YES NO [Dit. 3. NAME OF Middle Lost 4. DATE DECEASED OF DEATH (Type or print) WITTNER MILSON S SEX 6 COLOR OR RACE 9 AGE (In years IF JNDER 1 YEAR B DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthdov) Doys or remayal, and in olly WIDOWED DIVORCED MALE 24 May 1930 physician and properties of the properties of the physician please removed the physician please removes the physician please plant please plant please plant please plant please plant please please plant please plant please plea 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? edificate USN GTARD, TOWA IISA 13 FATHER'S NAME 14. MOTHER'S MAÍDEN NAME SAMUEL MILSON IS WAS DECEASED EVER IN U.S. ARMED FORCES? feeth death 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or anknown) (If yes give wor or dates of service)
YLS
Jun 47-May 67 484-24-8575 signed by the atter burial-transit perm burial, crematian, a Wife Same as #2 O.₽ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (0) ACUTE MYOCARDIAL INFARCTION N201 DUE TO ARDIAC ARREST Conditions, if ony, which gove rise to immediate cause (o), DUE TO storing the underlying couse as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) While of work at work 21. I certify that (b) (this haspital) attended the deceased from ______31 May , 19 6.7, to _31 May , 19 6.7 that (b) (we) last be retained director, page 3 should should be filed with the TO FUNERAL DIRECTOR: saw the deceased alive an 371 Masy 19 67, and that death accurred at 5 : 11 MM, from couses and on the date stated above. 220 SIGNATURE 22b DATE SIGNED 31 May 1967 DIRECTOR 22d ADDRESS TO HOSPITAL Page 4 may k 22c. PHYSICIAN S Hospital Andrews NAME (Type) DAVID PIEPGRAS, CAPT, USAR Andrews AFR Wash DC 20331 23c NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR RS COINC WASH DIC DATE JUN REC'D BY REGISTRAR 2Sb. VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #12 Film #6389 6/12/67 pc

CERTIFICATE OF DEATH 07148

		<u> </u>								
	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)							
1	1	COUNTY Prince Georgemaryland	o STATE mal b. COUNTY Prince George							
//		S CITY ON TOURS I'M A MARKET COMPANY TO THE STAY IN THE	c CITY OR TOWN (if autside corporate firmits, write RURAL and give nearest town)							
	ľA	Add the come (in outside topogne limits,	21 nathautle							
1	1	d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?							
	_/	Paint Branch heaving House	4 and Clever ft. YES NO ?							
		NAME OF First Middle	est, 4. DATE Month Day Year							
		OFFRANK (Type or print) FRANK	NTEBELLO DEATH May 31, 19 67							
	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS							
,		m. WIDOWED DIVORCED	1 - 28 - 1880 87 yrs Manths Days Hours Min							
11	10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT							
13		ing most of working life, even if retired) MDUSTRY	COUNTRY							
7.		Sylvalina								
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
	7	rania montifullo	Thelen Cheganon 4000 Class							
	15		INFORMANT Address An altique le							
	(Ye	es, no_or unknown) (If yes give war ar dates of service)	ore lavinein,							
		THE CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (a) CARLON VALUE CONTROL CONTR									
		331% DUE TO 0. 1.	•							
		Canditians, if any, which gave) (b) College (b)	1800							
		nse to immediate cause (a), (DUE TO								
		stating the underlying couse								
		lost. (c)								
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?							
× 1	10		YES NO X							
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of Item 18.)							
	RTI	OR CONTRIBUTING CAUSE OF DEATH	(cities training at training to rott in at them 16.)							
		(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL		CE OF INJURY (Hame, form, 20f. (City or town) (County) (State)							
	MEC		ary, street, affice bldg., etc.)							
		pair. Olwork Co diwork	1 10 1 1 - 2 - 2 1 10 (12 H - 10 W - 1 H							
		21. I certify that (1)(this haspital) attended the deceased fram_	177, 19 ta 5-3/, 1967, that (1)(we) la							
			t death accurred at Line, M, fram causes and on the date stated above							
		220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
		OVO James SYA. M.								
		22c. PHYSICIAN'S D	22d. ADDRESS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
7		NAME (Type) K. J. ISAUKE MP.	2513 Duck CKICKY VINCER 11118.							
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LECATION (City or Town) (Caunty) (State)							
		REMOVAL (Specify)								
	24		WASHTNGTON D.C. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	_ '	GASCH'S 4739 Baltimore Ave. Hyattsvil	le. Md DATELLIN 5 1007 Ochanter Ducas.							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and many event, within 72 frequential dept. **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

20 3

James James

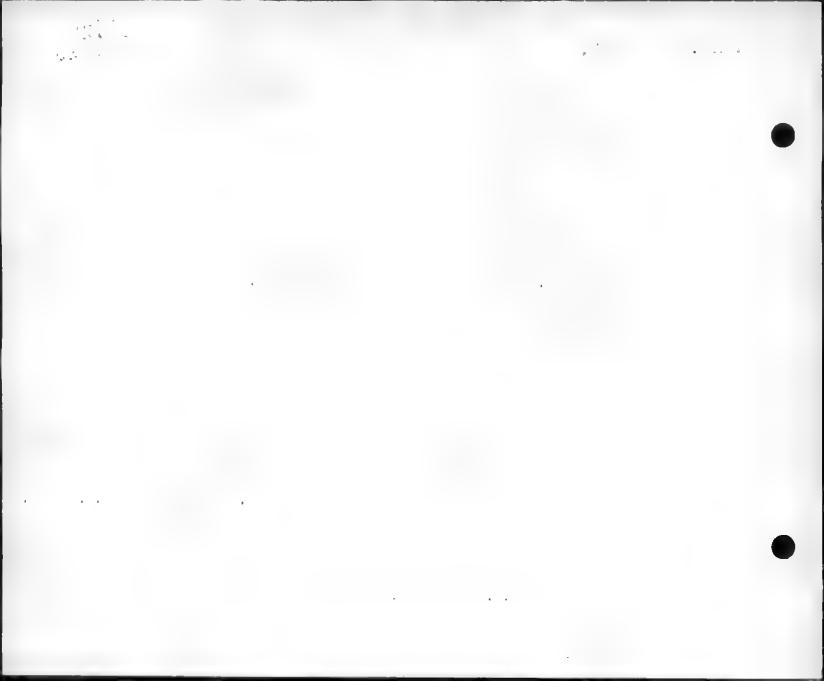
VR A15 (4) * 20 M 1/66

¢

1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	1		97143	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	07128	5
IEALTH (DEP	1.)		PLACE OF DEATH				Where deceased ved		ce befare admission)
s de de			Prince George's		MARYLAND	o STATE Marylai	nd	Prince (Peorge's
delay i ind 3 to 13. Page tment a			CITY OR TOWN (If a tside carparate imits,		C LENGTH OF STAY N 1b		uts de carparate limits,		
and S. and			write RURAL and give nearest tawn)					,,,,,	,
P. C		_	Cheverly	1	DOA	d STREET ADDRESS	HILLS		e IS RESIDENCE
If any d I, 2, ar rm PM: Departr	114		H NAME OF HOSPITAL OR INSTITUTION (If not	, -					ON A FARM?
S D 0	2201		Prince George's Gen	neral H		4105 S	outhern_Ave	enue	YES NO X
and			NAME OF Firs DECEASED	t	M dale	Last	4 DATE OF	Manth	Day Year
Give Pages Ting with far In the State			Type or pnnt) Willi	iam	Thomas	Moore	DEATH	5	5 19 67
8. Give)	5	SEX 6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (n	years IF UNDER thday) Manths	Days Haurs Min
24 hours after death in Item 18. Give Page r's Office alang with ss land 2 with the State	=		Male White	Widowed	DIVORCED	4-16-25	last but	ALZ MIGHTUZ	Days Inders Milit
hours Item 1 Office	dec	100	USUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (State	e or fare gn country)	12 CI	TIZEN OF WHAT
4 h	- e	dur	ng most of working life, even if retired)	IN S	oustry elf-Enuloyed	Washingt	on DC	0	UNTRY?
hin 24 nctl in niner's pages	ō	13	FATHER S NAME		or I Hor O A C O	14 MOTHER'S MA DEN	NAME		
executed within 2 inding" in pencil in Medical Examiner i permit. File page:	event within 72 hours atter death		Dahama M. Mas	5	5	Boulah M	. Moore		
Exa Exa	Ě	15	Robert M. Moo		Signal Security NO 17	INFORMANT		# F + 1 P2q1bb#	3.2.7
ited		(Ye	s na, ar unknown) (If yes give war or dates of	service				mp1desHill	
e executed pending" i ef Medical		Y	s WW II & Korea	57		verly H. Mo	ore 5212-0	ant_rbury	- 4 -
enc enc	3		18. CAUSE OF DEATH (Enter only one couse PART DEATH WAS CAUSED BY						INTERVAL BETWEEN ONSET AND DEATH
shauld be e ne ward "per a the Chief I burial-transit	even		IMMEDIATE CAUSE (o) <u>Lace</u> i	ration of brai	n			
ward ward the Ch	ψ √ >~		8 × 34 DUE T						
sh de w	in any		risa ta immediate ceuse (a)		l fracture				
the sh the d ta t	=		stating the underlying cause DUE T	10					
fica ing ing ide ide	and		fast.	(c)					<u> </u>
		32	PART 1. OTHER S GNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	IND TION GIVEN IN PART	[](a)	19 WAS AUTOPSY PERFORMED?
his c ate, e far be us	remaval,	CERTIFICATION							YES NO X
This ficate,	ie.	Į≝ i	20a EXTERNAL CALSE WAS	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury n	Part I ar Part II of ten	n 18)	
	5	8	PRIMARY OF CONTRIBUTING	desig	ver of car whi	ch ran off	road and h	it tree	
Sha sha	ign.	MEDICAL	20c T ME OF INJURY Month, Day Year			CE OF INJURY (Home for			urly) (State)
₩ 1 4 ₽ ₽	crematian,	MED.	2:25am pm 5-5 167	7 While	Nat Whife X 4300	orstreet of ce blood ex	d. Suitla	nd P	.G. Md.
AL EXAMINER: sxecute the cert r Page 4 shault far your files OR: Page 3 shau	E .		21. I certify that I tack charge						
AL EXECUTED FOR	buriai,		-	_		,	Collective		noinigo ym ni bno T
			death resulted from Natural	couses/	, Accident 🛣, Suii			nned manner	J
	Þ		ACTUAL /	10-1	Y las	CHIEF MEDICA			22. DATE SIGNED
Y de la	priar		SIGNATURE	10/	-RA-1	- 10.0	D CAL EXAMINER		5-6-67
o DEPUTY ME necessary, plea the funeral directions of FUNERAL DIRECTION	0.	-	EXAMINER S	/	2-3 263		.al examinek (A.) et city tawn, ar caunty)	1	5-0-01
See and the see an	Med Th	00	B. RIAL CREMATE IN 236 DATE THE	U. KI	verdale, Maryl	and Address three		Try or Tow 1 1 22 4 =	and a second a
10 01 nece the 1	<u>n</u>	230	REMOVAL Sparts.						
	M	-		Annual L	Codar Hill	Jemetery	D BY REGISTRAR	id Maryl 255 REGISTRAR	and -
VR A15ME (5	11/1		The state of the s			AAAN		O'Clime!	& Judge
6M 1/67	. N	0]	. Frons Bros. 16/1-Go	od hop	e Rd SE Wash	DC DATE	9 1001	1	- Kark



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07150 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed leved, if institution, Residence before admission)
o. STATE Maryland b COUNTY Prince George b COUNTY Prince George's Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown)

Cheverly c. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) Bladensburg E LENGTH OF STAY IN 1b D. O. A. 4901 Taylor Street d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Prince George General Hospital YES NO 🔀 Julianst 4. DATE Month Doy Morrison Year DECEASED (Type or print) May 67 DEATH 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS dog birthdoy) Months Hours Dec. 18, 1881 Female White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)

Housewife 10b. KIND OF BUSINESS OR 11 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Own Home COUNTRY A Washington D. C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry R. Kirk Julia Cox 15. WAS DECEASED EVER IN J.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Loretta C. Flood Same as #2 (daughter) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gove 3 nse to immediate couse (o), DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Not While foctory, street, office bldg, etc.) of work at work from \(\) - \(\) , 1950, to \(\) - 36, \(\) , 1967, that (1) (we) iast and that death accurred at \(\) 21/5AM, fram causes and an the date stated obove.

stoting the underlying couse 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year

saw the deceased alive on

21 | certify that (1) (this haspital) attended the deceased from \(\(\lambda\) - \(\lambda\)

22o, SIGNATURE 22c PHYSICIAN'S

M. D.

PHYS

23c NAME OF CEMETERY OR CREMATORY

DIRECTOR

22b. DATE SIGNED

Prince George Plaza Hyattsville, Md

(Stote)

230 BURIAL CREMATION. REMOVAL (Spacely)

o. COUNTY

NAME OF

5 SEX

23b DATE THEREOF 6/3/67

Aaron Deitz,

Glenwood ADDRESS

2So REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County) Washington D. C. 2Sb

requires that the death certificate be executed within 24 hours after death.

ely filled in by the bon papers. Pag , within 72 hours

letely f

signed by the ottending physicion and co buriol-transit permit. Then please reter buriol, cremation, or removal, and in any

as the

FUNERAL DIRECTOR: After this certificate ho irector, page 3 should be detached for use hould be filed with the State Dept. of Health p.

director, page 3 should be de should be filed with the State

OR ATTENDING PHYSICIAN:

O HOSPITAL

2

VR A15 (4)

ottending p

9

24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

DATEJUN 5

REGISTRAR S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07151	CERTIFICATE OF	DEATH	07130
	PLACE OF DEATH SCOUNTY: Prince Georges	MARYLAND Q.	aryland	lived, if institution Residence before admission) b. COUNTY Prince Georges
	b CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) West Hyattsville	12 years W	OR TOWN (If outside carporate est Hyattsvill ET ADDRESS	+m ts, write RuRAl and give nearest town)
3	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital 713 Rittenhouse Street		13 Rittenhouse	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) Margaret	Middle S. Mulle	Lost 4 DATE	Month Doy Year May 30 19 67
	S SEX 6 COLOR OR RACE 7 MARRIE emale white Widowe		17, 1908	AGE (In years FUNDER I YEAR IF UNDER 24 HR last birthday) Months Days Hours Min
L	Keined Dept Manager Wo	odward & Lothrup 9	THPLACE (County & State, or Toreign	on country) 12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME William Scotson		ther's maiden name ry Naughton	
	of I a lot the first	6. SOCIAL SECURITY NO. 17. INFORMA	NT 7/3	Rittenhouse Street
	1B. CAUSE OF DEATH (Enter only ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	luacarcinalura	of Rectu	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE YERM	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter no	ure of injury in Port I or Port II	of item 1B.)
	20c. TIME OF INJURY Month, Doy, Yeor Haur o m. p.m. 19 of w		URY (Home, form, , affice bldg., etc.)	City ar town) (Caunty) (State)
۱	21. I certify that (I) (this haspital) atta saw the deceased alive an 5/2	ended the deceased fram //2_1 1957, and that death	accurred at 444 M,	fram causes and an the date stated aba
	22a. SIGNATURE John F. Francisco	M.D. PHY		STAFF D 226 DATE SIGNED 5/31/67
	22c. PHYSICIAN'S NAME (Type) John 9. Binnege	2n / 1	ADDRESS 746 K. St., N.	W. Washington, D. C.
	23a BURIAL (REMATION, 23b DATE THEREOF BURIAL (Specify) June 2, 1967	230 NAME OF CEMETERY OR CREMATO	ery Wash	TION (City or Town) (County) (Stote) ington, D. C.
	Warner E. Pumphrey Inc.	r 8434 ADDRESS Silver Spring, Mary	250. REC'D BY REGISTRAR	367 256. AEGISTRAR S TENATURE LAGRE

TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



FOR STATE DEPT

TO DEPUTY MED EXAMINER: This certificate where the exempled within 21 hours after death. If any delay sessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 7 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL FYAMINED'S CERTIFICATE OF THE PROPERTY
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
MARYLAND MARYLAND	Thorpad It Der
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Church DOA	Forest Neights no 15,
d. NAME OF HOSPITAL ON INSTITUTION (if not) hospital, give street address	d. STREET ADDRESS 6 0. IS RESIDENCE ON A FARM?
I runce Sio Deveral	332 Kurn De YES NO BY
3. NAME DF BECEASED (Type or print) AMES RAY	Lest 4. DATE Month Day Year OF DEATH MONTH 2/ 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 45 yrs.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Keal ESTATE MUNdell Realty Co.	West VIRGINIA
George H. Munidail	14. MOTHER'S MAIDEN NAME Toks M. Ringley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	TellA V. Mundell- SAME AS ITEM #2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1	INTERVAL DETWEEN
PART I, DEATH WAS CAUSED BY:	acquit for the death
443 X IMMEDIATE CAUSE (6)	
Conditions, If any, which	sure (/ Disease your
gave rise to immediate	
underlying even leef	
(4)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
AATIO	PERFORMED?
2Da. EXTERNAL CAUSE WAS 1 2Db. DESCRIBE HOW INJURY OF	CURRED. (Enter nuture of Injury In Part I or Pert II of Item 18.)
FRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Saute fanta mater of sulfay in the control of the c
C .	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While at work	tory, attect, onice side,, atc.,
21. I certify that I took charge of the remains described above, h	neld an Autopsy . Inspection . Inquiry . and in my opinion
The state of the s	Suicide . Homicide . Undetermined manner
death resulted from. National courses [4] Acondent	CHIEF MEDICAL EXAMINER
SIGNATURE DAM MINISTER	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
4	DEPUTY MEDICAL EXAMINER
NAME (Type) DAYTON O WATTCH	Address (Street, city, town, or county) 5 - 21 - 6
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Barial May 23-1967 Brick Churc	ch Cemetery Huttonsville, West Virginia
24 FUNTERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Simions Bros. 1661-Good Hope Rd SE Was	sh DC DATE MAY 22 1967 fcliances Judge

VR ALSME (5) 1/65

*

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07153

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

07132

N.		0.100	CERTIFICATE	OI DEATH		1 - 1 Did
विद्या		PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institution: Resid	lence before admission)
1. 100000000000000000000000000000000000	-	COUNTY COLOR	nes .	o. STATE	b. COUNTY	
2-2		PR. GEORGE	MARYLAND	Lrash	raton CC.	
at at	1	CITY OR TOWN (If outside corporate limits,	c, LENGTH OF STAY IN 16	c CITY OR TOWN (If nots de	corporate limits, write RJRAL and	give nearest town)
by th Pagi aurs c		write RURAL and give nearest town)	1971A46	WASH.	720	
ع ق		CLINTON	1/01/1		2,	T IS DESIDENCE
Lin 72 h	1	NAME OF HOSPITA OR INSTITUTION (If not in h	ospita, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
filled in papers thin 72 h	4	They (/10/mi K	ardens	1824 1755	E. 17. 24.	YES NO P
T - = 1	3	NAME OF First	Middle	Lost 4	DATE Month	Doy Year
carban carban		NAME OF Pirst DECEASED (Type or print) AGA:	TUP B	MICH	OF G	18 17
and campletely remove carba any event, w		The same of the sa	Par -		DEATH 2	70 196
eve eve	5			DATE OF BIRTH	9 AGE (n years IF JND lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
emova any ev		F W W	DOWED DIVORCED	3-21-1891	76 YES	s Dols Hous Will.
2 20	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote	7.0	CITIZEN OF WHAT
	du	gg most of working life, even if settled)	THAT BLDE.	81	, or long too my,	COUNTRY3-17
physician en please aval, and i	1/26	select Ocht. Maross	HALL GEDE	Derman		11 -11
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		A 7
de e e		John Ben	edekt	Catherine	1 So hun	the
ling phy Then remava	Ţ.	WAS DECEASED EVER IN U.S. ARMED FORCES?		FORMANT _	Address	1.145 U.P.C.
ar r		s, no, or upknown) (If yes give wor or dotes of serv			_	CONTONE 1000
attending p permit. The an, ar remo		NG No	(e) 577-03-450-A	- MASS K-LEHA	OR CHARRIS.	1824-117-5/11
a a in		1B CAUSE OF DEATH (Enter only one couse per	line for (o) (b), and (c))			INTERVAL BETWEEN
를 ISP		PART I DEATH WAS CAUSED BY	VASCULAR	CNIBO	SE	ONSET AND DEATH
tian. I by the transi		1621 IMMEDIATE CAUSE (a)	7770	COLCAR		100 11 1
		,	CARCINOMA	7100		3 WEEKS
by British		Conditions, if any, which gave (b)	CHECINOTIA	10217		
0.22.0		stoting the underlying couse DUE TO				
ling sen rtc		lost. (c)	BRONCHO GER	11C CARO	INOMA-	
end s b as ria		PART II OTHER SIGNIFICANT CONDITIONS CONTRI				19 WAS AUTOPSY
atta has h p	Š	AKI W OTHER STORIFFCARE CONDITIONS CONTRI	BOTH OF HOLKERIED TO T	THE TERMINAL DISEASE CONDITIO	N GIVER IN PART 1(0)	PERFORMED?
dr te	통					YES NO
문학교	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I	or Port 11 of item 1B.)	/
a Eps	E.	OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
in the base of the second	ਤ	20c TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED T 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	County) (State)
his his eta De	MED (Hour o.m		ry, street, office bldg., etc.)	201. (City of lown)	coonity (sinte)
는 도호용	×	p.m. 19	ot work U ot work U			
و ب يّ ۾ ٢٤		2! I certify that (I) (this hospital)	attended the deceased from	7-27 196	1, to 5-18, 1	9 6 Ahat (I) (we) last
bed in the		sow the deceased alive on		death accurred of 15	A. M. from causes and on	the date stated above
를 걸 호크		22o. SIGNATURE				DATE SIGNED /
Wi S.		100-0	Jal mous	ATTENDING MED DIRECT	STAFF C	11017
ed ed ed		afred	Lapen, mano		TOR LI PHYS LI	110/0/
A B B B		22c. PHYSICIAN'S NAME (Type)	0 1 7 212/ 220	22d. ADDRESS	UTON, MD	
Page 4 may O FUNERAL director, pa shauld be fi		WHIT (TABLE D)	R. LAPIN, MO.	001		- Mala
FUNER director, shauld I	230	BUR AL, CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 2 2	Jety LOCATION (City or Town)	(County) (State)
Page O FUN direct shaul		RMOVAL (Specify) 5/22/9	67 GEO WASH. M	Tomo PARK 1	Wisko Flora the	BARCHUS ASD
22 0	71.4	FUNERAL DIRECTOR/			COUCTON POLICE DECISION	COLONATION .
VR A15 (4)	24.	TUNERAL PHECHOK	ADDRESS .	2So REC'D BY R	EGISTRAR 2Sb. REGISTRAR	2 SIGNATURE
25M 1/67		M.W. hasher	2 (4 Uno MINE)	DAMAY 9	9 1007 Oller	For Decare



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY **b** COUNTY 2, and 3 ta PM3. Page Prince George's
b CITY OR TOWN (If outside corporate mis, Prince George's iv delay CLENGTH OF STAY N 1b c CITY OR TOWN (I outside corporate limits, write RURAL and give necrest town) write RURAL and give negrest town) Greenbelt Riverdale DOA B IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS be farwarded to the Chief Medical Examiner's Office along with farm YES NO 🔀 in pencil in Item 18. Give Pages 6110 Breezwood Court, Apt. 30 Leland Memorial Hospital 4 DATE Month 3 NAME OF Middle DECEASED (Type or print) John Charles DEATH 1967 Negron IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (r years 7 MARR ED NEVER MARRIED lost birthday) 18 Nov. 1938 WIDOWED DIVORCED White permit. File pages Tand 11 BIRTHPLACE (State or toreign country) 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working are, even if retired) COUNTRY 2 U.S.Govt. New York City, N.Y. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ony event within 72 hours Eustaquio Negron Helena Correa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If wes give wor or dotes of service) 066-34-4920 (above address frs Frieda Merror 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Occlusion of anterior descending coronary artery writing the word DUE TO Arteriosclerotic heart disease, severe unknown Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse 0 PERFORMED? cremation, ar remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,03 YES X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY | or CONTRIBUTING | shauld CAUSE OF DEATH 20e PLACE OF INJURY 'Hame farm 20f (City or thwn) 20c T ME OF JNJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg , etc.) Not While FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy [x]. Inspection [x] Inguity 😿 . and in my opinion funeral directar. death resulted from Suicide . Hamtoide Undetermined monner be retained CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER CX Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street city town or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIA, CREMATION 23c 10CA10N City 1 arr 0 Fort Lincoln Jem. Colmar Lanor, ad. 250 RECD BY REGITRAR 19 Nalley's Funeral VR A15ME (5) Home Inc.

6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE Item #8 Film PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if anstitution. Residence before admission) b. COUNTY MARYLAND C LENGTH OF STAY c. CITY OR TOWN SPRINGS d STREET ADDRESS 15 RES DENCE ON A FARM? (If not in hospital, give street address) Middle Month Mau Doy Year 4. DATE OF ewman 6 19 DEATH 6. COLOR OR RACE AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys Hours DIVORCED 10b KIND OF BUSINESS OR .2 CITIZEN OF WHAT INDUSTRY COUNTRY? MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17 INFORMAN1 IMMEDIATE CAUSE (o) DUE TO

o COUNTY 5 filled in d NAME OF HOSPITAL OR INSTITUTION NO 2 3 NAME OF DECEASED (Type or print) event with completely nove carbon S SEX and in ony puo 100 JSLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 FATHER'S NAME cremation, or removal, attending p WAS DECHASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) fronsit PART I. DEATH WAS CAUSED BY signed buriol fr buriol fr Conditions, if any, which gove UW BONKICI nse to immediate couse (a), DUE TO stoting the underlying couse hos been ise as the l lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS ALTOPSY PERFORMED? BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) U58 be detached for use State Dept. of Health detached for use NO. 0 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CALLAND ON DEATH (IF EITHER, NOTH FATOURAL EXAMPLE) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INTURY Month, Day, Year 20e PLACE OF HILURY (Home, form, (City or town) (County) (Stote) **INSECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from That (I) (we) last director, page 3 should should be filed with the 67, and that death accurred at 9 40M. saw the deceased alive an fram causes and on the date stated above. 22o. SIGNATUR DATE SIGNED DIRECTOR 8808 OWD 22c. PHYSICIAN'S TO FUNERAL 230 BURIAL CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) 23b DATE THEREOF FUNERAL DIRECTOR JRECYD, BY JREGISTRAR VR A15 (4) 25M 1/67

papers. Pages I and A Jin 72 hours after death requires that the death certificate be executed be retoined by the hosp toll or attending OR ATTENDING PHYSICIAN: The low TO HOSPITAL Poge 4 moy

MADYLAND STATE DEPARTMENT OF HEALTH

	MAKILAND STATE DEFARINENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7156	CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tilled in by the funding director, page 3 should be detached for use as the burial-transit permit. Then please remove cording papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs aftered Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 llours after death.

VR A15 (4) 25M 1/67

V 0 2 1) ()		CERTITIO	MIL	OI DEAII	•		1177	35		
1 PLACE OF DEATH 0. COUNTY F	rince Geo	rge	MARYLAN	Ď			eceased lived, if institu		before	odmissio	on) /
b CITY OR TOWN Greenbe	If outside corporate himi digive nearest town)	\$,	c LENGTH OF STAY IN 1	3	CITY OR TOWN		rporate limits, write Ru	IRAL ond give	neorest	town)	
	tal or institution (if a t Nursing)		ve street oddress)		53 Trol		treet			ON A FA	
3. NAME OF DECEASED (Type or pnnt)	•	ward	Middle Peter	No	lost olin	4. D/ 01 DI			Doy 1,	Yes 19	67
Male	6 COLOR OR RACE White		NEVER MARRIED DIVORCED	- 1 1	Feb. 2,		9. AGE (In years lost birthday) yrs	Months	PEAR Doys	Hours	R 24 HRS. Min.
data s attenda	N (G,ve kind of work done life eyen if retired) CLITINE		id of Business or Employed		New Ha	mpsh			ZEN OF		
13. FATHER'S NAME Pierre	Nolin				14. MOTHER'S MAI	DEN NAME					
(Yes, Ta, et Enknown)	R IN U.S. ARMED FORCES? (If yes gave way or yotes	of service) 16 S	OCIAL SECURITY NO 2 01 0284		nformant Lrbara Me	cLeod	5213 Me l Bladens			i.	
	EATH (Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE	,	ph (b), and (c))	h	1 Info	nter	7		INTE	RVAL BET	WEEN DEATH
	(Conditions, if ony, which gove) (b) (b)								16	2	
stoting the unde	rise to immediate couse (a), stoling the underlying couse (c) (c)										
PART IL OTHER S	COMPANDATIONS	. //	D DEATH BUT NOT RELATED	0 10 1	HE TERMINAL DISEAS	E COND TION	GIVEN IN PART 1(0)			WAS AUTO PERFORM S	
THE EITHER MOTIEV	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUR	RRED. (Enter nature of injur	y in Port I o	r Part II of item 18.)				
물 Hour o.	JRY Month, Doy, Year m. m. 19	20d IN While of work	☐ Not While ☐		E OF INJURY (Hame, ory, street, office bidg.		Of (City or town)	(Cour	ity)	((State)
	ify that (1) (this has eceased alive an_	pital) attend	ed the deceased fro		death occurred	, 19 <i>6</i> /	, ta M, fram causes	, 19 <u>.6</u> and on the			we) las Labove
22o SIGNATURE	Jonath (c	(2)	fren	M D	17110	MED	OR STAFF	22b_DAT	E SIGNE	57	
22c. PHYSICIAN' NAME (Type	WONALL	CET	DGKEN		22d ADDRESS	1/30	Marille	, m	d		
230 BURIAL, (REMATI REMOVAL IS DOUB BUR LAL	5-5-6		ST. JOSE					HAMPS	County) HIRI	_ `	stote)
FRANCIS (or BASCH'S SON	S HY.	ADDRESS ATTSVILLE. 1	MAR		REC'D BY RE	967 25b R	EGISTRAR S SIG	NATHRE	Holge	4

A 100 A

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

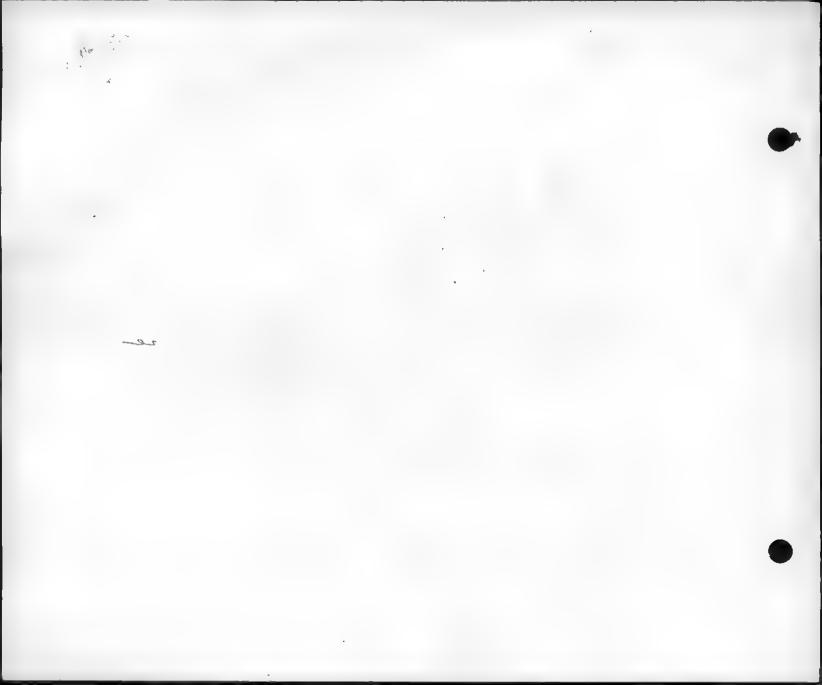
57

ERTIFICATE OF DEATH

07136

		04194	CEKTIFICATE	OF DEATH	Ü.4	1150
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived, if institution if	Residence before admission)
	(truce Alerges	MARYLAND	O SIAIE 1777	aryland 6 COUNTY	trine Heorge
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	Iside Corporate limits, write RURAL o	nd give neorest town)
	_(linten mel	6/2 Ms,	Autlan	of Medi	1. 1
-		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS	0 60	e is residence On a farm?
		Southern Mary land General	Hospital	4020	Drooky &	YES NO
		NAME OF First	Middle	Lost	4. DATE Month	Doy Year
	_ ((Type or print) // FIR / FINITE	C' No.	EME 11	DEATH /1(1) /	8 196/
	5 :		NEVER MARRIED 8	B DATE OF BIRTH		UNDER 1 YEAR OF UNDER 24 HRS onths Doys Hours Min
	_	temale Mante widowed		7-20-0	4 64 VIS	7 18
			IND OF BUSINESS OR NOUSTRY	1) BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		and af	- curewife	Ince	hightner !	45/
	13.	FATHER'S NAME	200	14. MOTHER'S MAIDEN	1.	dia .
	10	anger Term	COCIAL CECUPITY NO. 132 A	4	hause, they	
	(Ye	s, no, or unknown) (If yes give wor or dotes of service) 🗩	P ² C and a	NFORMANT 7	1 R Address	21 - 7 1
		NO . — 1)2	15.010703	Provingina	AJARINELL C	lenlen kid
		18. CAUSE OF DEATH (Enter only one couse per line for PART . DEATH WAS CAUSED BY	(0), (8), and (c))	celar	Collama .	INTERVÁL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	2.200,.00	01		
		Conditions, if ony, which gave) (b)	Musicande O	Infruce	lu one	3-6
		rise to immediate couse (a), (nus to	n!	0.11, 11	2	Man-
		stoting the underlying couse (c)	noosur /	J.1. Abn	emkano,	714 MO
	→	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NOITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
21	CERTIFICATION	Dealer	ten molita	-1Dea	rule / lecer	PERFORMED? YES NO
	FEG	200 ACCIDENT WAS UNDERLYING ☐ 20b. DE	ESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in	Port I or Port II of item 18.)	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor 20d. I		E OF IN. JRY (Home, form		(County) (Stote)
	ME	Hour o.m. While p.m. 19 of wor		ory, street, office bldg., etc.)	
Ì		21. I certify that (I) (this haspital) atten	ded the deceased from		1967, ta_5-8	, 1857, that (i) (we) last
		saw the deceased alive an 5	1757, and that	death occurred at	915cFM, fram causes and	an fine date stated above.
		220. SIGNATURE	Leb .	ATTENDING	MEO. STAFF -	22b. DATE SIGNED
		Cupies C	MO WINDER	PHYS. 22d ADDRESS D	DIRECTOR PHYS.	MY 9th, 1967
1		22c. PHYSICIAN'S NAME (Type)	2 R LAPIN.	An Call AUDRES Y	LINTON, M	D
	220	BURIA_ CREMATION. 23b DATE THEREOF	23c NAME OF CEMETERY OR C	COLMATORY	22d (OCATION) (Ch. as Terral	March March
	130	REMOVAL (Specify) Nov 10 10/7			23d LOCATION (City or Town) BKBATTLE CRE	(County) (State)
	24	FUNERAL DIRECTOR M. W. HYSONG CO		MEMORITAT PA		RAR'S SIGNATURE
	-	Rox: Thomas M. Hyposon	TARCH - N			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the fundove carban papers. Pages 1 to levent, within 72 hours after a **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and directar, page 3 shauld be detached for use as the burial-transit permit. Then please remshauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in an Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



				_
0	PRO	4	-	~
- 2.1	1	Æ	25	\mathcal{H}
0	R.	4.	V	U
	_			

CERTIFICATE OF DEATH

		PLACE OF DEATH				t an Residence before admission)					
	(O. COUNTY PRINCE GED	RGE MARYLAND	O. STATE	ALDORF MB	PRINCE CHAPTE					
	T	CITY OR TOWN (If outside corporate mits,	C LENGTH OF STAY IN 16	C. CITY OR TOWN (If or	utside corporate limits, write RU	RAL and give nearest town)					
		write RURAL and give nearest tawn)	2-21-67	MAI	DARE						
	<u> </u>	NAME DE HOSPITAL DR INSTITUTION (If not in h	(seathin teasts avin lotteran	d STREET ADDRESS	TI DAY II	1// e is residence					
	,	0.1 -1 -1	PDFNC	The state of the s	11 1 DOA 40	ON A FARM?					
			172110			YES NO T					
	3 1	NAME OF First DECEASED A L A C	Middle	Lost	4. DATE Mon						
		(Type or print) /4 // //	/ . / !	TOKVILL	OF DEATH 5	7 1961					
	5	SEX 6 COLOR OR RACE 7 N	MARRIED NEVER MARRIED 🔲	8 DATE OF BIRTH	9 AGE (n years last b, 1y)	Manths Days Hours Min					
de-		F W W	IDOWED DIVORCED	12-15-1	895 71 VIS	months but toos man					
	10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	II BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT					
	duri	ng most of working life, even if retired) — HOUSEWIFE	DOMESTIC	CIILPF	PPFR 1/4.	COUNTRY					
		FATHER'S NAME	Domes/) C	14. MOTHER S MAIDEN	NAME	719/7					
		HAMIADA H HA	NSRARANCH	HARRII	ET RONT	7					
	32	TIONAR DITT	16 SOCIAL SECURITY ND 17	INFORMANT	Addr						
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) ((If yes give war ar dates af serv		11	ALI	SAME					
	Ľ.	NO	18347022-B	HUSBY	עאר	3/3/112					
		18 CAUSE OF DEATH (Enter only one cause per	r line for (a), (b), and (c))	0 0	_	INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebra	el Fair	models	DNSET AND DEATH					
	Н	DUE TD) -1	//						
		(conditions, if ony, which gave) (b) (Clothat allarotes un,									
		rise to immediate cause (a), stating the underlying couse DUE TO									
		last. (c)									
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)									
4	NO	TART OF STATE SOUTH CONDITIONS CONTROL	(1)	19. WAS AJTOPSY PERFORMED?							
	CERTIFICATION	AR ACCIDENT WAS ABJUSTED WHO CO	Look peers les Hour Millon occupato	IF	Deal - Deal - Co. 101	YES NO					
	RTIF	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	tenter nature of injury in	Part I of Part II of Nem 18.)						
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	<u> </u>	<u>_</u> _							
	MEDICAL	20c FIME OF INJURY Month, Day, Year Hour a.m.		CE OF INJURY (Home, formander, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)					
	W.	p.m. 19	While at work of work of	ory, street, office blug., etc.	1						
		21. I certify that (I) (this hospital) attended the deceased from	the.	196 2 to May	7 . 1967, that (1) (we)/					
		sow the deceased alige on		t death accurred a		and on the dote stated abou					
		220. SIGNATURE -				226 PATE SIGNED					
	Н	Blenn G	Mally MI	D. PHYS,	MED STAFF DIRECTOR PHYS	7 /1/24 7 67					
		22c. PHYSICIAN'S	1	22d. ADDRESS	i i i						
1		NAME (Type)	HADLEV	4601	nulios	aux vis					
_	22-	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CDEMATORY	23d LOCATION (City or To	own). (County) (State)					
0	130	REMOVAL (Specify)	/ a C-i- i	Market and	200 COCATION (CITY BY TO	che (han) hel					
M	0.	170 real 1-16-6	1 ST Jetina		D DY DECISION DEL AS	7 - 1 - 1 - 1					
1/1	24	FUNERAL DIRECTOR	ADDRESS	2507 REC	1001	EGISTRAR'S SIGNATURE					
	1	You Il Timeral	Arms Ula Vilor	1 NACA RABY	1 1 1967	The state of the s					

to Funeral Director: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayerestan papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in one event, within 72 hours after death. TO HOSPITAL DR ATTENDING PHYSICIAM: The low requires that the leath certificate lie executed within 24 hillors after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07153 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) 5 COUNTY a. COUNTY. GEORGE C. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits, write RURAL and give negrest town) oon papers—Pag within 72 hours d. STREET ADDREST NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) ON A FARM? NAME OF Middle Lost DATE Manth OF DEATH DECEASED ma (Type or print) IF UNDER I YEAR AGE (In veors 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months WIDOWED DIVORCED 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10d USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of working ite, even if retired) INDUSTRY 13 FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause WAS AUTOPS PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work 1967, to 5-20 . 19 67, thot/(1) (we) lost 21. I certify that (1) this hospital) attended the deceased from_ -24 1967_ and that death occurred of the AM, from causes and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING**

or removol. buriol, cremotion, M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2513 23d. LOCATION (City or Town) 23g BURIAL CREMATION REMOVAL (Specife) May 23, 1967 Burtonsville Burtonsville, Md. ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md. 1967

physician and completely filled in law requires that the deoth certificate be executed within pleose remove corbon the offending phys TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detoched for use os the buriol-tronsit Page 4 may be retoined by the hospitol or director, page 3 should should be filed with the

A hours after deoth

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	97160	CERTIFICATE	OF DEATH	0'	7139			
	PLACE OF DEATH			Vhere deceosed lived, if institution: Res	idence before odmission)			
	o COUNTY Prince Georges	MARYLAND	o. STATE Marylan	nd Prince	Georges			
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and				
	write RURAL and give nearest town) Cheverly	1 hr 30 m	Mt. Rai	inier	/ /			
,	d NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Prince Georges Gener	al Hospital	3615 Ea	astern Avenue	YES NO A			
	NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
	DECEASED (Type or print) Minnie	Α	O"Brien	OF May	23 19 67			
S.		MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UN lost birthday) Mont	DER I YEAR IF UNDER 24 HRS			
T	Semale White W	IDOWED DIVORCED	11 Oct., 19	915 51 yrs.	as Doys Hours Min			
100	LSUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County		CIT ZEN OF WHAT			
Gar	ing most of working life, even if retried) Housewife	INDUSTRY	Wash., D	.C.	COUNTRY?S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	Theodore Camer	con	Susan G	reer				
15	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no. or unknown) (If yes give wor or dotes of serv		NFORMANT	Address				
	NO of thicknown) (if yes give wor or doles or serv	MI	Thos. J.	O'Brien (abov	e address)			
	18 CAUSE OF DEATH (Enter only one couse pe			(Husband)	INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	HEUTE IW	LIMONA M	y Edense	ONSET AND DEATH			
	4301 DUE TO		7 -1	and the same of the same				
	Conditions, if any, which gove) (b) Myocandon dial International 2 h							
	rise to immediate couse (a), storing the underlying couse DUE TO							
	lost (c)	Anteniosecenoi	a Henn	1) 13eA5e	174115			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
CERTIFICATION	1) 10.	BETES MIEZE	1745		YES NO			
TIFIC	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	205 DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in I	Port I or Port II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form		(County) (Stote)			
M.	p.m. 19	of work of work	ory, sileer, office bidg , etc.)					
	21 I certify that (I) (this haspital			950, to 5/23,	19 <i>6</i> (that (I) (we) last			
	saw the deceased alive on	72.3 1967, and that	death occurred at					
	220. SIGNATURE		ATTENDING A	-MFD STAFF -	DATE SIGNED			
	//mmm) (arrease Mo	111131	DIRECTOR L PHYS. L	123/6/			
	22c. PHYSICIAN'S NAME (Type) Normon	D. Come Au	22d ADDRESS 3503 y	Penny 31 mT	CAINIE IL MA			
230	BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)			
	REMOVAL (Specify) 5/26/67	Fort Linco	ln Cem.	Colmar Manor	, Md.			
24	FILMEDAL DIDECTOR	ADDDCCC	250 DECT	ANY, REGISTRAR 256 REGISTRAL	R'S SIGNATURE			
	Home Inc.	Funeral Maryland	DATE IN	AY 29 1967 30L	orley Judge			

by the funeral Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leath certificate be exacuted within 24 haurs after Teath. hours after death rpontagers. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletyly director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carpan shauld be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, with Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Home

Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

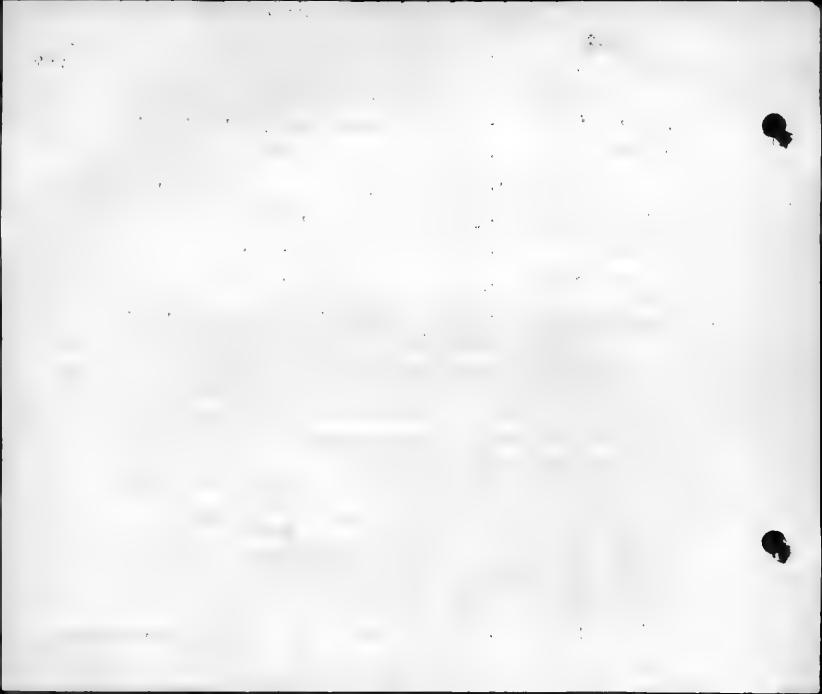


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07141

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased hvad, if Institutions	Residence before edmiss (4/1)
a. COUNTY Prince Georges MARYLAND	o. STATE Md. b. COUNTY Dor	chester
b, CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL an	
Bowie, Md. 6 weeks	Hurlock, Md. RFD.	uts.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
residence	none	ON A FARM? YES TO NO
3. NAME OF First Middle	Last 4 DATE Month	Day Yeer
(Type or print) Verna M. Parks	DEATH MAY 5. IS	67 19
	. DATE OF BIRTH 19. AGE (In years IF UNDER	
	Jan. 29, 1903 64 yrs Months	Days Hours Min.
10a, USUAL OCCUPATION (G.ve kind of work 10b, KIND OF BUSINESS OR INDUSTR		TIZEN OF WHAT COUNTRY?
housewife 13. FATHER'S NAME	Blande, Va. US	SA.
Robert S. Venable	Lula M. Lmabert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	wis M. Parks Bowie. Md.	
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Wis M. Zaiks Doule, Ma.	I INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREUMONIA		2 days
DUE TO		r days
Canditions, if any, which \ (b) Carcinoma of	liver	Al man
geve rise to immediate cause	22702_	12 y 15
(a), stating the underlying DOE TO		1
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.	rtension	PERFORMED? YES NO X
		113 [110 AE]
De Contributing Cause of Death [206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH [If either, Notify Medical Examiner)		
	CE OF INJURY (Home, ferm, ; 2DI, (City or town) (Coi	unty) (Stele)
Hour e.m. While Not While fect	ory, street, office bldg., etc.)	
	A/TE/67 10 . 5/5/67 10	
21. I certify that (I) (this trospital) attended the deceased from. saw the deceased alive on 5/4/6719, and that		
saw the deceased alive on U/	death occured attained, from the causes and on	rne date stated above.
1 1 to	ATTENDING MED. STAFF PHYS. PHYS.	SIGNED
	2 22d. ADDRESS	
NAME TIXOR DO 1/4 /1/150/		
238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMPTERY	OR CREMATORY 123d. LOCATION (City, fown or coun	iy) (Siate)
REMOVAL (Specify)	_	
burial 5/8/67 Concord Ce	Federalsburg 1 259. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE D. —
Harvey & servey - Jacobs	rung mid MAY 1 1 1967 goland	es Judge
1 . I a war of married Deferring	THE THE PARTY OF T	1

===

VR ATS (4) 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07142

07163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) p. COUNTY o. STATE Prince George s

b City OR TOWN (If outside corporate im is MARYLAND Prince George's Maryland delay c CITY OR TOWN (It outs de corporate limits write RuRAL and give nearest town) c LENGTH OF STAY N 1b write RURAL and give nearest town) Cheverly DOA Capitol Heights
d STREET ADDRESS herigie Depa d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 4 shauld be farwarded to the Chief Med cal Examiner's Office along with farm YES NO X Prince George General Hospital 1528 62nd Place This certificate shauld be executed within 24 haurs after death 3 NAME OF Middle 4 DATE Lost Month DECEASED OF (Type or print) PARMA DEATH DUSAN S SEX 9 AGE (n years IE UNDER 1 YEAR 8 DATE OF BIRTH JE LINDER 24 HRS 6 COLOR OR RACE 7 MARR ED **NEVER MARRIED** lost birthdoy) b≡rial transit permit. Fi e pages Tand2 v n any event within 72 haurs after death WIDOWED DIVORCED Jan. 1890 Male White 1Do US_AL OCCUPATION (G ve kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore go country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? LAVYER CZECKOSLOVAKTA RETTRED 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BETTY NEUMAN EDWARD PARMA 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 360 26 0972 JIRI PARMA 1528 62nd PLACE S E 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure DUE TO Arteriosclerotic heart disease over 2 yrs. any Conditions, if any, which gave rise to immediate couse (a). .≘ DUE TO 0 stating the underlying couse S 3 shauld be used 19 WAS AUTOPSY cremation, or removal, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? NO A 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port or Port 1 of tem 18 PRIMARY Tor CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 2Dd N...RY OCCURRED 20f (City or town) 2Dc TIME OF N. RY Month Doy, Year 20e PLACE OF NURY (Home form (County) While of work factory, street, office bldg , etc.) may be retained for your FUNERAL DIRECTOR: Page 21 I certify that I tack charge of the remains described above, held an Autapsy Inspect on x Inquiry & and in my opinion the funeral director death resulted fram Natural causes (XV) Accident Su cide , Hamicide , Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be retr TO FUNERAL D' Health priar t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. 5-12-67 Address (Street, city town or county) 23. NAME OF EMETERY OR CREMATORY 235 DATE THEREOF 23d LOCATION (City or Town (County) (Stote) REMOVAL (Specify) CREMATORY WASHINGTON 250 RECD BY REGISTRAR 256 REFISTRAR S S GNATURE

_300 4th ST N_E

VR A15ME (5) 6M 1/67

TEE FUNERAL HOME

in har i

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(March	3716	4		CERTIFICATE	OF DEATH		67	143
To The	o. COUNTY	Prince DG	ovqe	MARYLAND	o. STATE	Where deceased lived, if institute b. COL		·
ne fra Jes ofte	b CITY OR TOW	V (If outside corporate limit	s, c. LENGT	H OF STAY IN 3b		atside corporate limits, write RI		
Pag urs	FOR 05 +	ond give neorest town)	d.		CAMP	5 PRING	5 / 1	A ^R
in k rs. 2 ho		PITAL OR INSTITUTION (If n		oddress)	d STREET ADDRESS		e	RESIDENCE
lled in 7	Regent	Rehabilit	ation Co	nter	7704 041	BUN DRIV	Z= YES	
with with	3 NAME OF	F	ırst	Middle	Lost	4 DATE Mos	nth Doy	Year
arb Af, v	(Type or print)	Dewit			terson	OF DEATH MAY	16	1967
e se	S. SEX	6 COLOR OR RACE			. DATE OF BIRTH	9 AGE (In years last builded)		UNDER 24 HRS lours -Min.
De la la	Male	CAU.	WIDOWED A	DIVORCED	6-3-18	87 X yrs	12 CITIZEN OF WI	Uat
the attending physician and completely filled in by the fundistribution. Then please fending carban papers. Pages 1 an nation, arremoval, and in any event, within 72 hours after the		10N (Give kind of work done ing life, even if retired) ORKO	INDUSTRY	SINE22 OK	11 BIRTHPLACE (County	& State, or foreign country)	COUNTRY?	(SA.
ysici ple al, a	13. FATHER'S NAME	000			14. MOTHER'S MAIDEN	NAME		
hen	N:m	Rod PA-	Herson		Lucive	y Reed		
an. by the attending physi transit permit. Then pl crematian, ar removal,	15 WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SEC	URITY NO 17 II	NFORMANT	Add	ress	
tten irmij n, ar	(185, 180, 01 G	in les dire noi oi dois	07.30171007	EAT	RL G PATI	TERSON SA	WE AS	2
it pe		DEATH (Enter only one co EATH WAS CAUSED BY:	1 1 1 5					AND DEATH
an. by the ransit crema		IMMEDIATE CAUSE	1.	e arrest				
5 6.1.	Gandilloon its	° C.° DUI iny, which gove }	10		heart disc			
pnysi signe burial burial	rise to immed	iote couse (o), ((b) <u>UThero</u>	SC (10 140	near ouse	NZC		
	stoting the un lost.	derlying couse		nods of	mid 122 - 6	mul		
tending as been as the priar ta	1 1—	SIGNIFICANT CONDITIONS				NDITION GIVEN IN PART 1(a)	19 W/	AS AUTOPSY
	NOIL					•	YES	REORMED?
spiral ar al ertificate hi ed far use af Health	OR CONTRIBUT	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRED (Enter nature of injury in	Part I or Port II of item 18)		
r this of detach	20k. TIME OF Hour	INTURY Month, Doy, Yeor o.m. 19			E OF INJURY (Home, far- ory, street, office bldg., etc.		(County)	(Stote)
Afte be State	21 l ce	rtify that (I) (this ho	spital) attended the	deceased fram_2	/25	1962 to 161hm	, 19 60, that	
DR: DR: Duld Duld The		deceased alive an_	15 May	19.6.2 , and that	death accurred at	120 AM, fram causes		tated abav
S S S S S S S S S S S S S S S S S S S	220 SIGNATU)			ATTENDING -	MED STAFF	22b DATES GNED	er **3
y be L DIRI	enconstruction and the second	08ut U. H.	Anges	M.D	PHYS L	DIRECTOR L_1 PHYS 1	16 Mpg	5/
	22c. PHYSICIA NAME (T		+ 5. HA	R915	6412	Canallton	Ct	
4 분 한잔	230 BJRIAL, CREM	ATION, 23b DATE TH		AME OF CEMETERY OR C	REMATORY	23d LOCAT ON (City or 1	lown) (County)	(Stote)
Page O FUS direct shou	REMOVAL (Spe		67 4	LINCALN	CEMETER	TRACE	C+28/25	mid
	24 FUNERAL DIRE	CTOR .	7. 7/ 1	ADDRESS STATE	250	Ally RIGISRAR 1967256	PERSONAL PROPERTY	udal.
VR A15 (4) () 1 25M 1/67	Motoch &	[Cilculated 4	Multhia 9	208 2000	DATE DATE		1	9

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		9716)		CERTIF	ICATE	OF DEATH			071	44	
		PLACE OF DEATH o. COUNTY Prince Ge	ATORS		MARY		2. USUAL RESIDENCE (V o STATE Maryland	Vhere deceosed	b. COUNT			
		b CITY OR TOWN (I	autside corporate limits	5,	c LENGTH OF STAY II		CITY OR TOWN (If ou	tside carparate	Simits, write RUR	A. and give near	rest town)	_
		Cheverly	give nearest tawn)		14 day	75	Hyattsvil	11e		1.	1	
. 1			L OR INSTITUTION (IF no				d STREET ADDRESS				e IS RESIDENCE ON A FARM?	-
7.4			orges Gener				6931 Alli				YES NO	<u>Q</u>
		NAME OF DECEASED (Type or print)	Fir M:	ilton	Middle T.	Pat	terson	4. DATE OF DEATH	Month May			
	S. :	SEX	6, COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	9 /	AGE (In years lost birthday)	Months Day		_
		fale	White	WIDOWED	DIVORCED		6/2/01		lost birthdoy) 55 yrs.			
	10o duri	ing most of working l	(Give kind of work done life, even if retired) FITTER		ID OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County		gn country)	12. C T ZEN COUNTR'	Y ?_	
	13.	FATHER S NAME					14. MOTHER'S MAIDEN I		n	A		
	L		S PATTE				BLANCHE	THO	RNBUR			
	15. (Ye	WAS DECEASED EVE is, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f carvira)	OCIAL SECURITY NO 17-69-9711	8479	RENCE H.P	ATTERS	Addres Addres	SAME	AS#2	
		IB. CAUSE OF DE PART 1. DEAT Conditions, if ony, rise to immediate	rouse (n)	(c) 10 (b) 1	(a), (b), and (c))	A CL	(1060	400 Juce	RICIN		NTERVAL BETWEEN ONSET AND DEATH	4
		stoting the under	lying couse	TO (c)	efecto,	10	10	1411	P.			
2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING TO	D DEATH BUT NOT RELA	ATED TO TH	F TERMINAL DISEASE COM	EDITION GIVEN	PART I(o)		9 WAS AUTOPSY PERFORMED? YES NO	0
	L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED (E	nter nature of injury in	Part or Part II	of item 18.)			
	MEDICAL	20c FIME OF INJU Hour 'o.m	10	20d IN While of work	JURY OCCURRED Not While at work		OF INJURY (Mome, farm y, street, office bldg , etc.)		City or town)	(County)	(State)	
		21. I certif	y that (I) (that sheet ceased alive an	nited) attend May 4	ed the deceased 19 <u>67</u> , a	framP ind that	lov. , 1 death accurred of	9 66 ta. 8:25 M/.	May 4 from causes o	, 19 67 , ind an the d	that (I) (sees) late stoted aba	as VI
		22a SIGNATURE		(a	1.o-) M.D	PHYS LXJ	MEDPM DIRECTOR	STAFF PHYS	May 5		
1		22c. PHYSICIAN'S NAME (Type)	Ohannes Sa	ন ah ak y an	, M.D.		5813 Land	over Re	ad, Che	verly M	aryland	
	230	B JRIAL, CREMATIO REMOVAL (Specify)			23c NAME OF CEME				TION (City or Tow		nty) (State)	

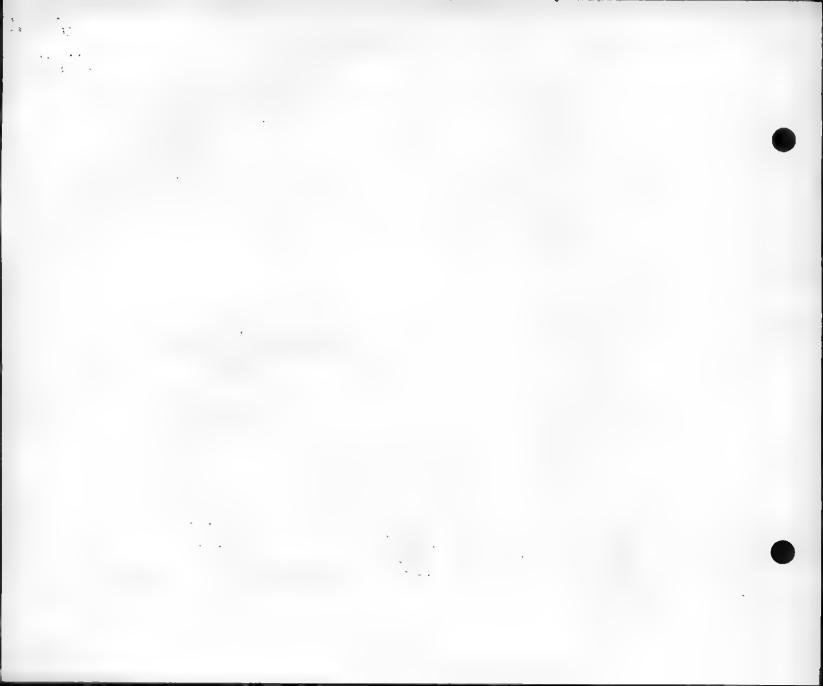
2So. REC'D BY REGISTRAR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a≡d completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1, and should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any ∞eat, within 72 hours after dea VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07166 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Marul and Prince George Prince George MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Hyott crillle c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) c. LENGTH OF STAY IN 15 Cheverly IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS = Prince George Hospital 5802 Greenlerf NO YES NAME OF Middle 4 DATE 190 DECEASED (Type or print) DEATH 1 YEAR S. SEX DATE OF BIRTH AGE (In years F UNDER 24 HR 7 MARRIED NEVER MARRIED lost birthdoy) Manths Hours White 1/26/1896 Femnle WIDOWED X DIVORCED and 10o JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? physician (nen please Penn. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, George Christ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service William earce INTERVAL BETWEEN TB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: ONSET AND DEATH AY TRYIDSO. IMMEDIATE CAUSE (o) δ Disease DUE TO Pavs Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse this certificate has been WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? etached far use Dept. of Health p 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month Day, Year 2Dd INJURY OCCURRED 2De PLACE OF NJURY (Home, form, 20f. (City or town) (Caunty) (State) Hour am Not While tactory, street, affice bidg , etc.) ot work ot work After I certify that (I) (this hospital) attended the deceased fram N ann directar, page 3 shauld should be filed with the and that death accurred at 6.25 from causes and on the date stored above saw the deceased alive an TO FUNERAL DIRECTOR: **ATTENDING** STAFF ADDRESS O HOSPITAL NAME (Type) 235 DATE THEREOF 23a. BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify)
Burial Ft Myer, Wa Arlington 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67



CERTIFICATE OF DEATH era death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY rs. Pages 1 Prince Georges MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cheverly 17 days filled-th <u>Hvattsville</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers in 72 d. STREET ADDRESS H Prince Georges General Hospital Fontainbleau Drive within NAME OF eter First Middle DATE 4. DECEASED DF Annie J. Penn ve cal (Type or print) DEATH May executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 7. MARRIED NEVER MARRIED 8. Jast birthday) and reme WIDOWED TO DIVORCED Female White physician and please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and Maryland Housewife certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME The James J. Johnson Daisy M. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attent t permit. 0 (Yes, no, or unkown) (If yes the war or dates of service) 578-20-6797 Clare Mrs Weger-daughter cramation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-trans PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial, DUE TO Cenditions, If any, which (b) been gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health certificate Б PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Intury in Part 1 or Part 11 of Item 18.) detached f OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) be de State i factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING p.m. 19 at work at work retained DIRECTOR: A age 3 should lied with the \$ D 21. I certify that (1) (this hespital) attended the deceased from April 24., 1957, to May 11. saw the deceased alive on_ 1967 and that death occurred at O.A. M, from the causes and on the date stated above. 22a, SIGNATURE page ATTENDING DIRECTOR O HOSPITAL FUNERAL PHYSICIAN'S director, p should be **ADDRESS** NAME (Type) Frederick E. Musser, M.D. 4410-74th Ave. Hyattsville, Md. Burial CREMATION, 23b. DATE THEREOF Burial 5-13-67 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 0 Cedar Hill Cemetery Suitland, Md. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Home 300-20002 LeeFuneral ath. VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

20M 1/65

YES.

Day

Davs

12. CITIZEN OF WHAT

COUNTRY?

Months

IS RESIDENCE ON A FARM?

Year

1967

Hours

INTERVAL BETWEEN ONSET AND DEATH

Oxa

WAS AUTOPSY

NO

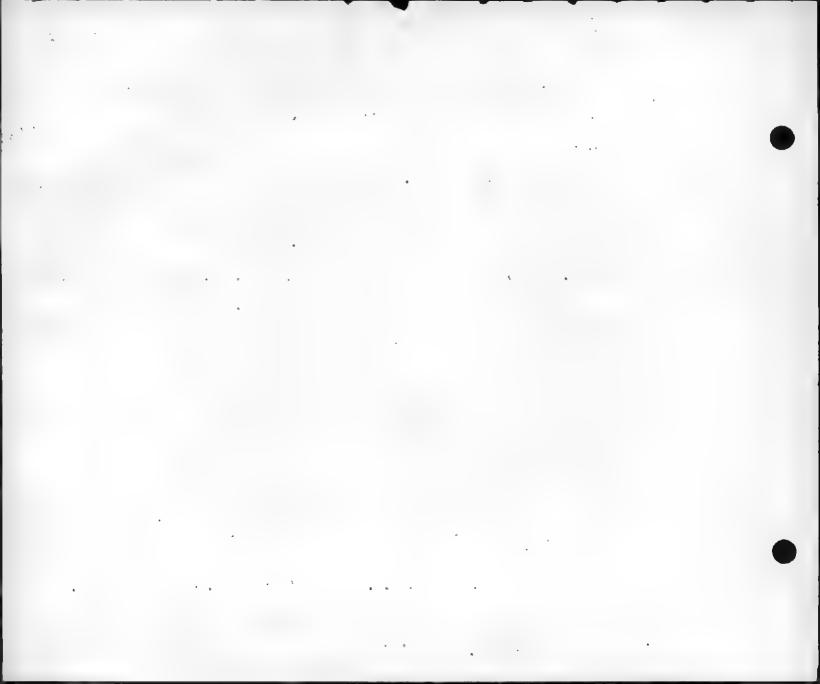
PERFORMED?

YES -

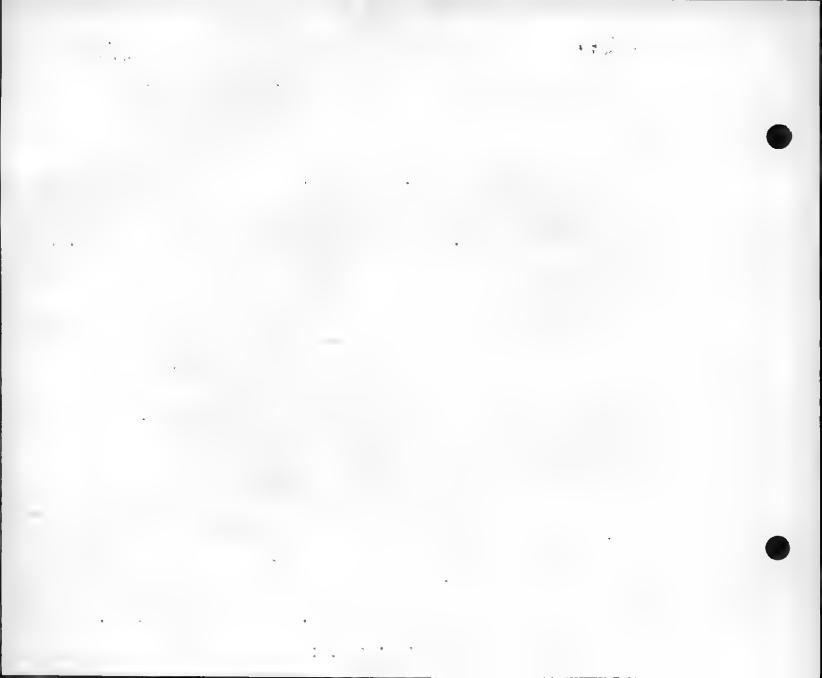
NO.

(State) (County) .. 196.7.... that (I) (we) last 22b. DATE SIGNED May. 12 (State)

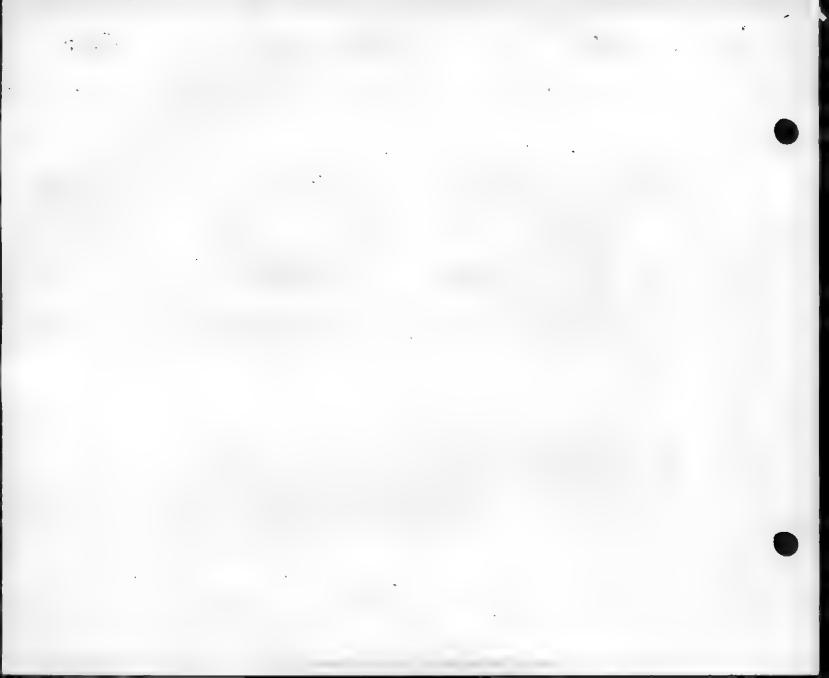
ochereles



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Pages I Prince Georges Prince Georges MARYLAND Marvland CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by em___carbon papers. Pag any event, within 72 hours New Carrollton Cheverly days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 7612 Fountainbleau Drive Prince Georges General Hospital ND YES TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. 3. NAME OF First Middle DATE Month Year Last 4. DECEASED OF DEATH (Type or print) Clarence Penn May 8 19 67 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED T NEVER MARRIED last birthday) Months Days Hours WIDDWED DIVORCED /3/94 Male White O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician girector, page 3 should be detached for use as the burfal-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? INDUSTRY GOV Inspector Virginia U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jesse Mary Ellen Hardy Penn 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 9249 Hospital NO records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a)...(b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate (a), stating DUE TO cause underlying cause last FICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVENAN PART 1(a) 19. YES NO I CERTIF 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE DF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 AM, from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22a. SIGNATURE 22b. ATTENDING MED. DIRECTOR STAFF M.D. PHYS. PHYS PHYSICIAN'S 22c. 22d. ADDRES! NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (City, town or county) 23b. DATE THEREOF Cedar Hill Cem. Suitland. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home 300-4th N.E. Wash. St. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY filled in by the fune MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comparate emits write RURA, and give negrest town) write RURAL and give nearest town) a -NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address). d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 7 3. NAME OF 4. DATE DECEASED 0F (Type ar print) DEATH S SEX 2 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED jast birthday) Manths DIVORCED 10a USUAL OCCUPATION (Give kind of work done KIND OF BESINESS OR 12. CIT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? LINDSCHELL 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN L S. ARMED FORCES 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates at ser 18. CAUSE OF DEATH (Enfer only one cause per line for (o), (b), and (c) INTERVAL BETWEEN signed by the burnal-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO for use as the L Health priar ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, office bldg etc.) at wark at work . 19____, ta 21. I certify that (I) (this haspital) attended the deceased fram. 19..., and that death accurred at _____M, from causes and an the date stated above. saw the deceased alive an_ 22a, SIGNATURE 22b. DATE SIGNED STAFF director, page 3 shauld be filed v PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Arlington National Cametary , Arlington, Virginia 24. FUNERAL DIRECTOR **ADDRESS** 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased rived, if institution: Residence before admission) I campletely filled in by the funeral materiarban papers. Pages 1 and I PLACE OF DEATH o. COUNTY (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corposale limits, write RURAL and give nearest town) papers. Pag hin 72 hours o give nearest tawn) Maryland Park, Md 8 IS RES DENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 6512 C. St. YES NO. 3 NAME OF 4. DATE Lost Month Year DECEASE mau 1967 (Type or print) DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGF (In years 7 MARRIED **NEVER MARRIED** Months last b sthdoy) Days WIDOWED DIVORCED signed by the attending physician and burial-transit permit. Then please rem 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o ÚSUA1 OCCUPATION (Give kind of work done **COUNTRY?** during most of working life, even if retired) INDUSTRY U.S.A. 14. MOTHER'S MAIDEN NAMI 13. FATHER S NAME or removal WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes)ng, or unknown) (If yes give wor or dotes of service crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY-ONSEY AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been etached for use as the Dept. of Health prior to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg , etc.) While Not While at work Q (~ 19 21. I certify that (1) (this haspital) attended the deceased fram 6 Page 4 may be retained Z, and that death accurred at 11 32 B.M., from causes and an the date stated above. saw the deceased glive an_ 22b. DAJE SIGNED 22o. SIGNATURE ATTENDING PHYS STAFF PHYS. director, page 3 should be filed v M.D 22d ADDRESS NAME (Type) Leon R. Levitsky Ave "t Rainier, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 5.20.67 Fort Lincoln Cemetery Colmar Manor. ADDRESS 24. FUNERAL DIRECTOR Wash VR A15 (4) 20 M 1/66 Home 300.4th st

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

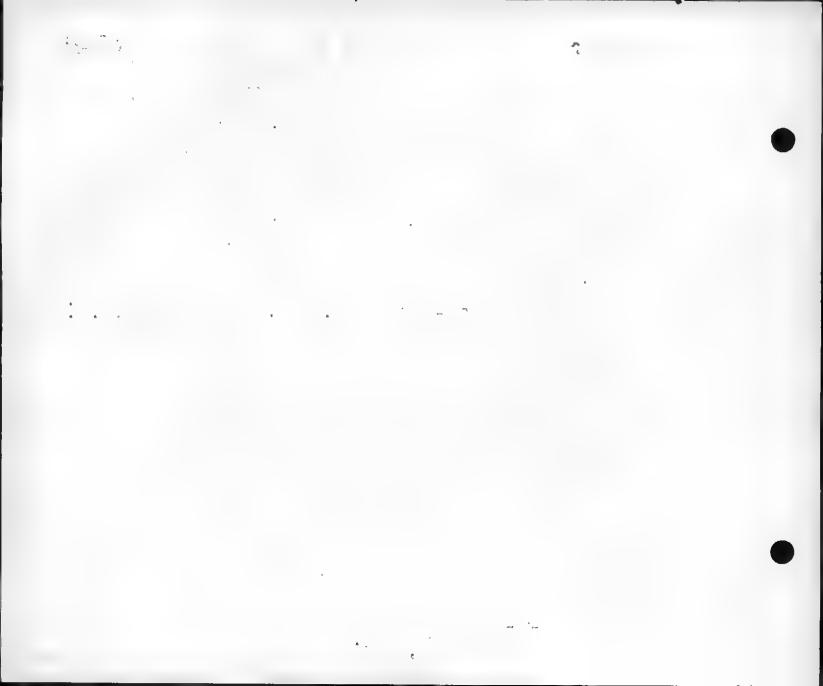
97171 TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 heres after death Page 4 may be retained by the haspital or attending physician. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the fulneral, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers / Pages I Pand shauld be filed with the State Dept at Health priar to burial, cremation, ar removal, and in any event, whain 72 haurs after death

CERTIFICATE OF DEATH

07150

1. PLACE OF DEATH			2 USUAL RESIDENCE (W	here deceased lived, if institution	n: Residence before admission)		
o. COUNTY Prince Geo	rees	MARYLAND	d. STATE Maryland b. COUNTY Prince Georges				
b CITY OR TOWN (If autside carparat write RURAL and give nearest law				side carparate limits, write RUR	AL and give nearest tawn)		
Cheverly	2	days	Mt. Ra	inier	1601		
d NAME OF HOSPITAL OR INSTITUTION	N (If not in haspital give street a	ndoress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
Prince Georges				Runker Hill Rd			
3. NAME OF DECEASED	First	Middle	Łast	4 DATE Month	Doy Year		
(Type or print) C1		Р	Pulley	DEATH May	v 21 19 67		
S. SEX 6. COLOR OR RA			DATE OF BIRTH	9 AGE (In years last birthaay)	Months Days Hours Min		
Male White	WIDOWED Sen	DIVORCED [21 Dec. 19	124 42 yrs	Molifile Doys (100) mail		
10a USUAL OCCUPATION (Give kind of worlduring most of working life, even if retired)	k done 10b. KIND OF BUSI	NESS OR		State, or fareign country)	12 CITIZEN OF WHAT		
Painter	SELF*EMF	PLOYED	NORTH CARO	DLINA	COUNTRY? USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME			
JAMES R. PULLEY			STELL	A EATMON			
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, na, or unknawn) [If yes give war or	DRCES? 16. SOCIAL SECU	JRITY NO. 17 INF	FORMANT	Addres	dmund St.		
NO	241-30-		Faye K. Pu	alley Ralei	gh. N. C. Wife		
18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY	V / /		7		NTERVAL BETWEEN ONSET AND DEATH		
TANGEMAN	CAUSE (0) /+c	ule poene	realilis		OHITE MID DEATH		
Condition of any orbid const.	DUE TO	V					
Conditions, if ony, which gave in rise to immediate cause (a),	(b)						
stating the underlying cause (DUE TO						
last.	(c)						
PART II OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH 8.	UT NOT RELATED TO THE	E TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?		
CATI					YES NO		
20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	4	/ INJURY OCCURRED (En	iter noture of injury in Pr	art I or Part II of Item 18.)			
20x TIME OF INJURY Manth, Doy, 1		RRED 20e PLACE	OF .NJURY (Hame, farm,	20f (City or town)	(Caunty) (State)		
Hour o.m.	While Not Y	While factory	y, street, affice bldg., etc.)		(,		
β1π.	UI WUIK - UI W		10 10	67 to Mary 21	, 19 <u>67</u> , that (ktp:(we) last		
saw the deceased alive	on May 21 1	%7_, and that d	death accurred at (0.00PM; from couses a	nd an the date stated above.		
22g. SIGNATURE			,		22b. DATE/SIGNED		
UX UX	ourend me.) M.D.		MED STAFF DIRECTOR PHYS.	5/22/67		
22c PHYSICIAN'S NAME (Type)	J. Hernand	ez MO	22d ADDRESS	PGG H	,		
	ATE THEREOF 23c NAA	ME OF CEMETERY OR CRE	EMATORY	23d LOCATION (City or Tow	n) (Caunty) (State)		
REMOVAL (Specify) Burial 5-2	24-67	OA KWOOD		RALEIGH.			
24. FUNERAL DIRECTOR			25a RECD		ISTRAR S SIGNATURE		
GASCH'S	1739 Baltime Hyattsville	Maryland	DAMAY	2 4 1967 004	imple Judge		

VR A15 (4) 25M 1/67

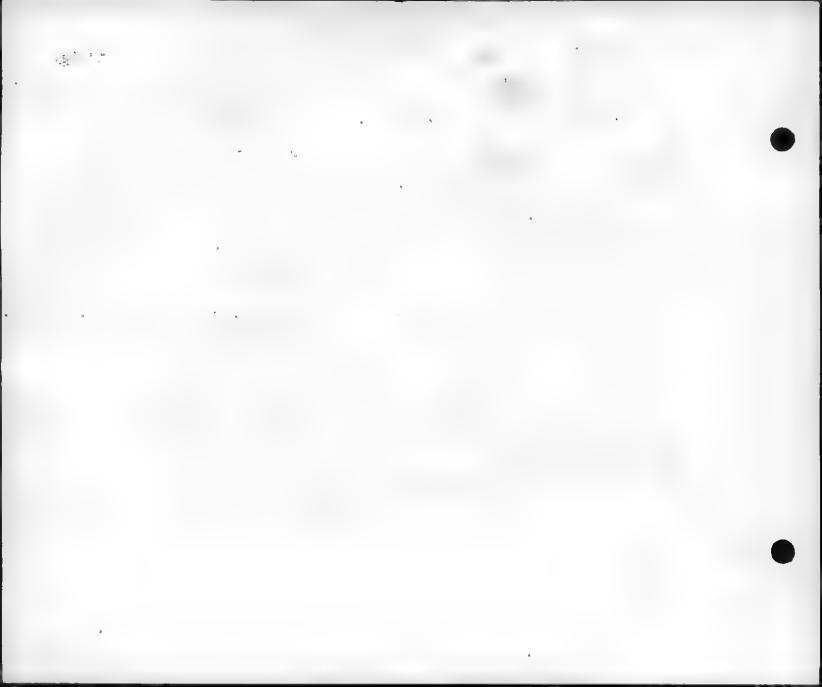


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

67isi CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's **b** COUNTY /Marvland Prince George's MARY! AND b. CITY ORLYOWN (If outside carporate limits, write CHRAL and nive nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 3 1/2 hrs. Landover d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince George's General Hospital 9109 Utica Place YES NO X NAME OF Middle 4. DATE DECEASED William Pumph rev (Type or pnnt) DEATH Mav 67 S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 65 yrs Manths Hours Male Cauc. WIDOWED X 4-24-02 DIVORCED 10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even illustried) 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? INDUSTRY Yard Wash. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Spencer Clifford Pumphrey 17. INFORMANT 4011-0gle-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service Mrs. Edna Il. Orr - thorpe St., Hy., Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), Sister PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise ta immediate couse (a), **DUE TO** stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH discase NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) of work at work 2). I certify that (I) (this haspital) attended the deceased fram / and that death accurred at? _M, fram causes and an the date stated above. saw the deceased alive an 5-2 220 SIGNATURE 22b. DATE SIGNED ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 31/67 Cedar Hill Cem Suitland 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Rainier 250 RECO BY REGISTRAR Home Inc.

Maryland

PHYSICIAN: The law requirem that the Month certificate be executed within 24 haurs after Month the funeral and papers. filled 1 remayer tarban campletely event, and in any and ar removal, cremation, ar attending FUNERAL DIRECTOR: After this certificate has been OR ATTENDING O HOSPITAL OR ATTENDING Page 4 may be retained by directar, page 3 should should be filed with the 2 VR A15 (4) 25M 1/67



97173

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

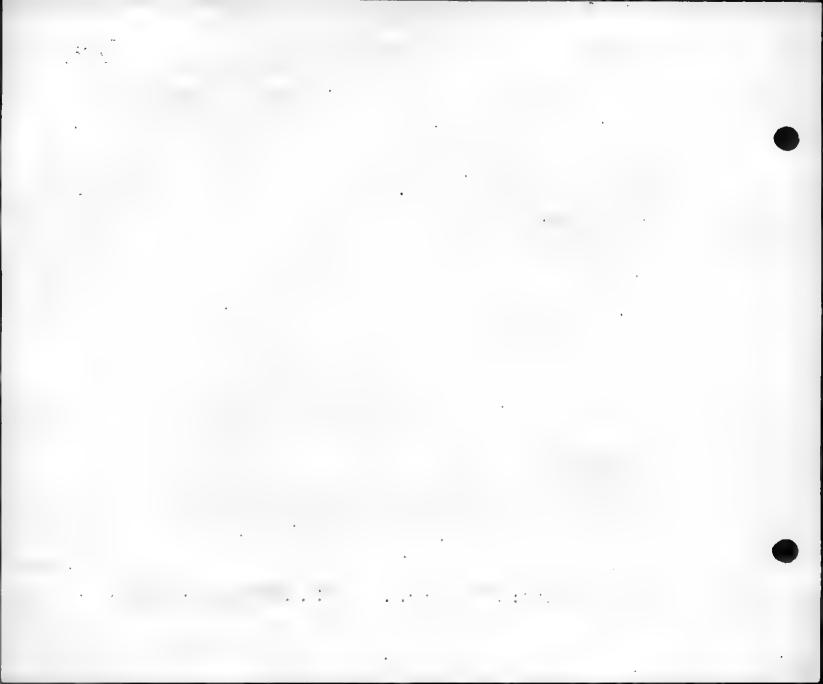
CERTIFICATE

UF	DEAIR						0.7	15	2
	JAE RESIDENCE	(Where	deceosed	lived,			Residence	before	adrhissia
1	TATE				le.	COHMITY			

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. COUNTY Prince Georges MARYLAND	o. STATE b. COUNTY Maryland Anne Arundel
b CITY OR TOWN (If outside corporate limits. 1 c LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)
write RURAL and give nearest town)	
Cheverly 7-1/2 days	Churchton
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
Prince Georges General Hospital	Cape Anne
3 NAME OF FREDERICK Middle	Lost 4. DATE Month Doy Year
DECEMBER	urschultz DEATH May 12 19 67
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Men.
100 USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT
during prost of working life, even if retired) INDUSTRY	COUNTRY?
TECHNICIAN AGRIGATURAL DEPT U	14 MOTHER'S MAIDEN NAME
	10 -
HENRY PURSCHWITZ	LUZONI AND
(Ver an act planting) (Iff the aire was as dates of comice)	INFORMANT PURSCHWITZ SAME AS #2
(185, 100, 01 C) (18 yes give wor of dores of service) 215447877 Ro	SALEE TURSCHWITZ ORME ITS &
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SHOCK	ONSET AND DEATH
DUT TOWN &	
Conditions, if any, which gove) (1) ACUTE HEM	LORRHAGIC PANCREATITIS
nse to immediate cause (a), (College)	
stoting the underlying couse (CHEUTE PENETRAING C	LASTRIC ULCER WITH HEMORRHAGE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED 301 DESCRIBE HOW INJURY OCCURRED 302 DESCRIBE HOW INJURY OCCURRED	YES TO NO
≅ 200 ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
= [1] Elittle () 10 11 11 11 11 11 11 11 11 11 11 11 11	ACE OF INJURY (Home, Form, 20f. (City or town) (County) (State)
Hour o.m. While Not While of tweeth of tweeth of the streeth of tweeth of the streeth of the str	tory, street, office bldg., etc.)
Diff.	20 10 m to 26 12 100 7 that (I) (110) for
sow the deceased glive an May 12 1867, and the	May 3 , 187 , ta May 12 , 1967, that (I) (we) last death accurred at 6:45 M, fram causes and on the date stated above
220. SIGNATURE	
11/1/4-1	ATTENDING MED. *** STAFF
22c, PATSICIAN'S	O. PHYS KX DIRECTOR L PHYS. L May 12, 1967
NAME (Type)	Ph 19 3
Robert B.C. Sasscer, M.D.	R.F. D2150 Upper Marlboro, Md.
230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)	
BURIAL MAY 13,196/ FOR LINCOL	N CEMETERY BLADENSBURG, MARYLAND
24 FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician old sampletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in althought, within 72 hours ofter demith. Poge 4 may be retoined by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the denth certificate be exacuted within 21 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE DEPT. HEALTH

07174

5 may be retained for your files. Hea th prior to burial, cremation, or removal and in any event within 72 hours after death

MEDICAL EXAMINER: This certificate should be executed writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

necessary

VR A 15ME (6)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death 1f

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07153

	I PLACE OF DEATH				1 2	USUAL RESIDENC	IE (Where dec			esidence befor	e admission)
	o COUNTY	George's		MARY. AN	.D	o. STATE	nd		b. COUNTY	o Coon	an la
	P CITA OB TOMY (f outside corporate limits		C LENGTH OF STAY IN J		Maryla:	f or tendo coro	osoto limite iii	F F LIIC	e Geor	Ke's
	write RURAL and	give nearest lawn)	,		- 11				I IE KUKAL UII	d give lieules	i iuwii)
1	Cheverl			eight hour		Forest	Heigh	its		14	
7	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital s	give street address)		STREET ADDRESS					e IS RESIDENCE ON A FARM?
	Prince	George's Ge	neral	Hospital		1114 H	uron D	rive			YES NO X
	NAME OF	Fur	s†	Midd e		Lost	4 DAT	E	Month	Doy	Year
	DECEASED (Type or print)	Jack	cie	William		Ray	OF DEA	TH	5	26	19 67
	S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	Y 8	DATE OF BIRTH		9 AGE (In y		INDER I YEAR	F UNDER 24 HRS
	male	white	WIDOWED	DIVORCED	5 4	-4-32		lost birth	doy) Mon	nths Doys	Hours Min
	IDO USUAL OCCUPATION	(G ve kind of work done	IDb KI	IND OF BUSINESS OR		1) BIRTHPLACE (St	ate or foreign	n country)	1	12 CITIZEN OF	
	during most of working None	te, even it retired)	I N	None		Indian	100			COUNTRY?	Δ.
	13. FATHER S NAME			110110	11	4 MOTHER'S MAID				U + D + Z	1.0
		herman Ray					C. Car	rson			
	IS WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17 INF	DRMANT			Address		
	(Yes, na_or unknown)	(If yes give wor or dates o	service)	None	Comme	e · p.			0		
					Gra	nt S. Ra	у зап	no As #	<i>G</i>		
	18. CAUSE OF DE	ATH (Enter only one cau: 'H WAS CAUSED BY		1 1 1 1 1							ERVAL BETWEEN SET AND DEATH
	FAKT I DUAT	IMMEDIATE CAUSE	(o) Lace	eration of b	rain					Çit.	ALL MID DENISI
	8134	DUE									
	Conditions, if any	which gove	Mult	tiple Skull	Frac	tures					
	rise to immediate	e couse (o). (. /								
	stating the under		(e)								
			(c)			YERMANIA DISTANCE					WAS AUTOPSY
	S PART II OTHER 20	PRINCEM L CONDITIONS CO	JNI RIBUT NG	TO DEATH BUT NOT RELATED	D TO THE	TERMINAL DISEASE	CONDITION G	IVEN IN PART	110)		PERFORMED?
b	N N N N N N N N N N N N N N N N N N N									y i	ES NO X
	2Do EXTERNAL CA PRIMARY MO TO CAUSE OF DEATH		2Db DE	SCRIBE HOW NURY OCCU	RRED (Enl	er nature of mury	n Port I or	Port II of item	18)		
		ALKABUTING L.,I	F	Pedestrian s	truc	k by car					
	20° T ME OF .NJU	IRY Month, Doy, Year	2Dd II	NJURY OCCURRED , 2D	e PLACE (OF NIJRY (Home,	form 2Df	City or to	own)	(county)	(Stote)
la	8:08am on	5-26 196	While	NJURY OCCURRED 20. k Otwork X Ba	factory.	street, off ce bidg	etc)	an Pto	1.05	PC	Md.
Gr.	O : O cauli pir			noins described abe							n my opinion
		ed from A Noturo	100	Accident X./				Undetermin			a any opinion
	0.00111 103011	CO HOILI	Junges -	A Trible III	JUICIGE		CAL EXAMINE		led monne	1	
i	ACTUAL	1/2/		H ali-	-0					1	22. DATE SIGNED
	SIGNATURE	11/1	27/	1	-	ASS STANT I					
2	EXAM NER'S NAME (Type) JO	Kn Wehoe M	n P	iverdale, Ma	د رسد		DICAL EXAMIN	vn, or county)			5-28-67
1	235 BUR AL CREMATIO		RECE BECE	T 23c NAME OF CEMETER	A OB LDE	A.4544		LOCATION ICIT	v or I mad	March!) (State)
	Barrin Ipec (y)	6/1/67	N. C.	Cedar H		ALL AVI		Suitlan			(aidia)
i	24 FUNERAL DIRECTO		Tue of	5170 11t Washington	n St	. S.E250 R	CEC D BY REGI	STRAR	APPLIED K	ARS SIGNATUR	resident.
	W W UV COM	IDDATE CO.	ing.	NA ROITOTEON	11.12.		11/4 1	TUL	18 1	" F" LIOUT X	

2

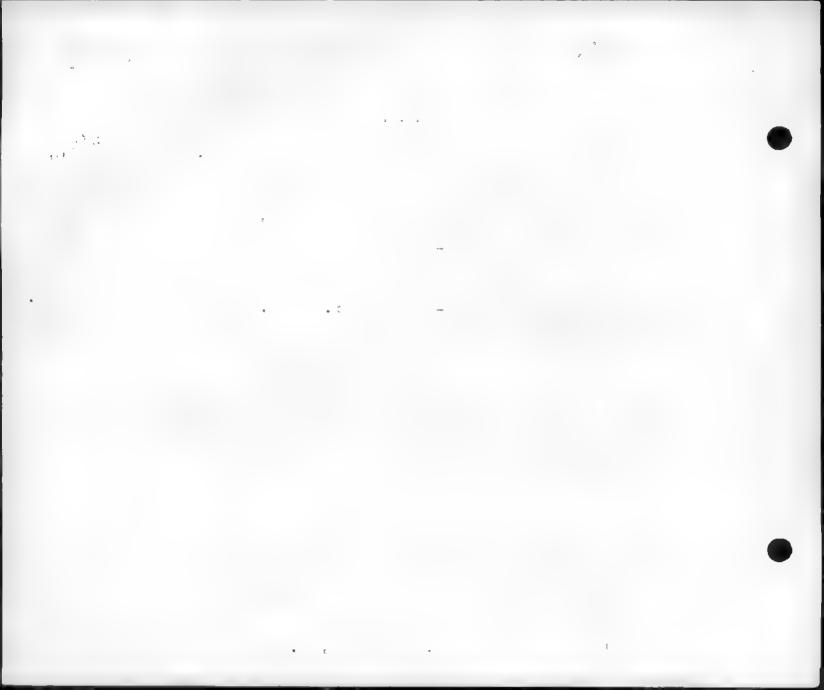
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97175	011131011	-	******						
04119				CER'	rifi	CATE	OF	DE/	ATH

07154

-		
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
	o. COUNTY PRINCE GEORGE MARYLAND	o. STATE MARYLAND b. COUNTY PRINCE GEORGE
	b CITY OR TOWN (if outside corporate limits,	c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
	write RURAI and give nearest town) SUITLAND	RAIDENT WALLEY
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS B IS RESIDENCE ON A FARM?
	5103 MARLBORO PIKE	6713 MUNSEY ST. YES NO TO
	NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
	(Type or pnnt) John Elmice	Rayford DEATH May 23 1961
5		APRIL 22,1874 9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS) April 22,1874 93 yrs
	MAL CA. WIDOWED DIVORCED	
1Do dur	USUAL OCCUPATION (Give kind of work done in ming most of working life, even if retired) Printer Self - Employed	11 BIRTHPLACE (County & Stote, or foreign country) Virginia 12 CTIZEN OF WHAT COUNTRY?
_		
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME Catherine Carr
15	Mathew Rayford WAS DECEASED EVER IN U.S. ARMED FORCE \$? 16 SOCIAL SECURITY NO 17 I.	
(Ý	or no or unknown) (H use a we was as dates of convent	3/3 Edgewater Rd.
		S. Elmer E. Raylerd Pasadena, Maryland
	PART I. DEATH WAS CAUSED BY	AXLEST ONSEL AND DEATH
	IMMEDIATE CAUSE (o)	
	Conditions, if any, which gave) (b) CANDIAC AN	Ly Famile 30 HW
	rise to immediate couse (a).	
	stoting the underlying couse (c) My ocampial In	Hicitry Grenny Attouschool 4-54
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
CERTIFICATION	DENEXM. 300 ANTEHOSELON	YES NO NO
Ĕ		(Enter noture of injury in Port I or Port II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 20f (City or town) (County) (State) ory, street, office bidg., etc.)
1	p.m. 19 of work O of work	ny, sireer, office bidg., sic.)
		+ 18 , 1960, to May 23, 1967, that (1) (we) last
		death occurred at $\bigcirc O$ M, from couses and an the date stated obave.
	220. SIGNATURE ASMITTED CO. M.D.	ATTENDING MED STAFF 22b. DATE SIGNED PHYS DIRECTOR PHYS.
	22c PHYSICIAN'S	22d ADDRESS
	NAME (Type) Thomas F. Cullen	5103 Markbose V.KE.
230	BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burial 5-26-67 CEDAR HI	II. SUITLAND MARYLAND
24	FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE
	GASCH'S 4739 Baltimore Ave. Hyattsvill	e, Md. DATE MAY 2 6 1987 yours youngs

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers: "Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 2 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the learth certificate be executed within 24 heurs ofter learth Page 4 moy be retained by the hospitol or ottending physician. VR A15 (4) 25M 1/67



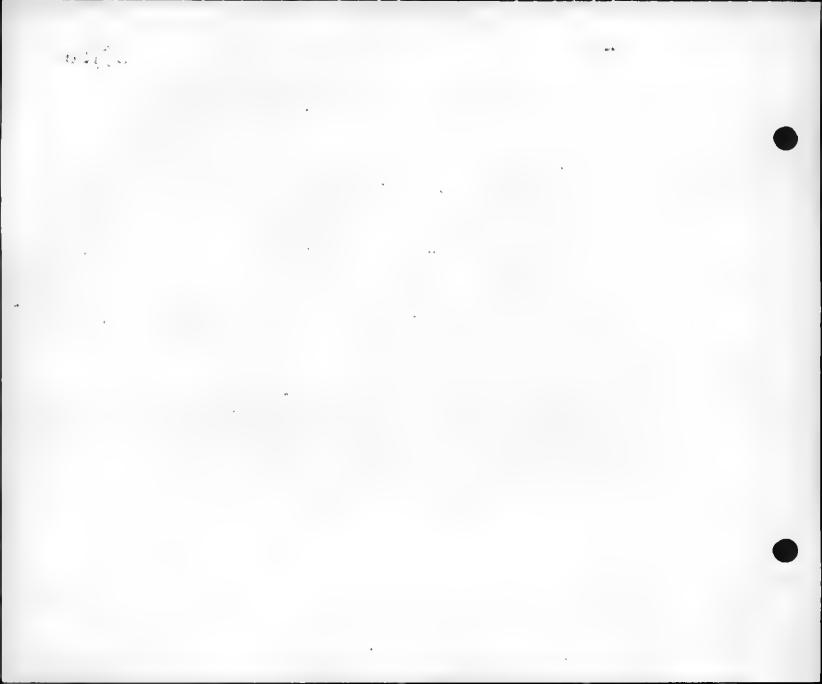
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 97176 CN The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funeral puo PLACE OF DEATH a. COUNTY 6. COUNTY INCE MARYLAND the b CITY OR TOWN (If autside corporate limits write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town illed in by the papers. Page hin 72 hours a 11 days renTwood UPPEL d STREET ADDRESS IS RES DENC NAME OF HOSPITAL OF INSTITUTION (if not in haspital, give street address) ON A FARM? filled NO 🚽 NAME OF Middle 4. DATE Month Doy Last Year campletery layer DECEASED
(Type or print) OF DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED remayer lost birthdov) Months Days Haurs WIDOWED DIVORCED and in any and 12 CITIZEN OF WHAT 10a USUA, OCCL PATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY physician Lynchhurg Va II.S Secretary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ם or removal, Susie Roberts William Clarkson attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 3500-Dean Dr 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates at service) mrs.bar'ara doltzclam. Ó crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), INTERVAL BETWEEN Jaughter the tramsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the buried trans IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse has been e L Health prior to tzof 9 WASAUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERFORMED? CERTIFICATION use NO O FUNERAL DIRECTOR: After this certificate director, page 3 should le detached far us OR ATTENDING PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (State) 20d INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year While Nat While factory, street, office bldg., etc.) Hour a.m. of work at work I certify that (I) (this haspital) attended the deceased from_ Mar directar, page 3 shauld shauld be filed with the and that death accurred at 953P M. from causes and an the date stated above. saw the deceased alive on_ 220 SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR 22d ADDRESS Page 4 may b 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 230, BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Lincoln Cem Colmar Manor. r'ort 2So REC'D BY REGISTRAR Funeral ADDRESS Lit 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Marylan

VR A15 (4) 20 M 1/66

Home Inc.



FOR STAT HEALTH DITT

cessary, funeral may be

ID MINERAL BIRECARD RANGE Shauld be used as a burlat-transit permit. The pages 1 and 2 with the State Department of Health or its designated agent, prior to burlat, cremation, or removal, and in any event within Debouys after death. O DEPUTY MELC EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

VR.

5M

III 5ME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS; 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3

D71EE

ъ	1 tom 0 to	1 - 4380 - 707 763 33
	1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where decrased lived, If Institution: Residence pefore admission)
١	PRINCE SCORGES MARYLAND	a. STATE MOUSEN b. COUNTY Pr der
ŀ	D. CMY OR TOWN (If outside corporate limits. L. LENGTH DE STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
J	witta RURAL and give nearest town)	Faurel
ŀ	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
	Prince Georges General	RT 2 Tempowdermilly IN a FARM?
ľ	3. NAME OF First Middle	Last 4. DATE Month Day Year
١	(Typa or print) ALMA JNEZ	CICE DEATH MBY LL 1967
ľ	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
l	Temple White WIDOWED DIVORCED	rene 30 1922 (A) I lyre, Months Days Hours Min.
Ì	10a, USUAL OCCUPATION (GIVa kind of work done 10b. KIND OF BUSINESS OR	11. GHETHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	during most of working life, even if retired)	Country mad Govern
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	William A. Price	Mary Leasure
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Par Step Paladoresses
I	(Yes, no, or unknown) (If yes pire war or dates of service)	and of State Patient
k	The same of profile for the same of the sa	ought state and
ı	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ł	IMMEDIATE CAUSE (a) On tustono	Jackallons
ı	DUE TO A D	M to wate
ı	Conditions, If any, which gave rise to immediate (b)	Gushar Mer.
ı	cause (a), stating the DUE TO	
l	undarlying cause last. (c)	
I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ı	ENwhent has Kad mental 7	lephnent Post Sweat nots 1 NO D
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELA THE PRINCIPLE OF	RRED. (Enter nuture of Vilury in Part 1 or Part 11 of Itamy18.)
ı	CAUSE OF DEATH.	at Self in hear
ı		CE DF INJURY (Home-farm, 20f. (City or town) (County) (State)
ı	The state of the s	ry, street, office bldgf, etc.)
		Id an Subanau D Inspection D Inspection D and in my prince
1	21. I certify that I took charge of the remains described above, he	
١	death resulted from: Natural causes , Accident , Sul	icide , Homicide , Undetermined manner 5 2.7-6
ı	ACTUAL Dr. Avon; O Walterno	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ł	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINED 531 Counch alia K
	EXAMINER'S DAYTON O. WATKING	S Address (Street, city, town, or county Bledensburg In
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LDCATION (City, town or county) (State)
	BURIAL 5-26-67 Greenmeum	
100	24. FUNERAL DIRECTOR 1.720 Relitimore Ave	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	GASCH'S Hyattsville, Maryland	DATELAY 2 6 1967 Cleanly July
1		WHI CO SO



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97178 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b COUNTY Maryland Prince Georges MARYLAND Prince Georges completely filled in by the fore carbon papers Pagelly event, within 72 hours offer by III. b CITY DR TOWN (If outside corporate limits. c CITY DR TDWN (If outside corporate limits, write RURA, and give negrest town) c. LENGTH DE STAY IN 1b write RURAL and give nearest tawn) Cheverly 1.2 min Seat Pleasent d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RES DENCE ON A FARM? d. STREET ADDRESS YES NO Prince Georges General Hospital 7815 Valley Park Road 3. NAME OF 4 DATE completely DECEASED (Type or print) DEATH Girl Richards 67 Baby IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED 8 DATE DE BIRTH **NEVER MARRIED** last birthdoy) Months Doys Hours Min Aug WIDOWED | DIVORCED May 1967 12 **Female** White 10o US JAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CIT ZEN OF WHAT TOH KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **INDUSTRY** COUNTRY? Maryland

14. MOTHER'S MAIDEN NAME

Sonja Marie U.S.A. 13 FATHER'S NAME or removol. Ph en William E 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) buriol, cremotion, 18. CAUSE OF DEATH (Enter on y one couse per line for (q), (b), and PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the t stoting the underlying couse certificate has be n 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port It of item 18.) 20g ACCIDENT WAS UNDERLYING [1] DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Dov. Year (City or town) Hour o m. factory, street, office bldg., etc.) of work of work DINECTOR: After 21. I certify that (I) (this transport) attended the deceased from May 31, 1967, to May 31, 1967, that (I) (this transport) last the deceased alive on May 31, 1967, and that death occurred at 1.40 AM from causes and on the date stated above. 22b. DATE SIGNED ATTENDING X DIRECTOR director, page shauld be filed 22d ADDRESS TO FUNERAL NAME (Type) 5813 Landover Rd. Cheverly, Maryland Joseph A. Murgalo, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOS (Stote) (County) REMOVAL (Specify) 6/10/67 Brince George's General Hosp., Cheverly PG Maryland 256 REGISTRAR'S SIGNATURE 24. FUNERAL BURECTOR ADDRESS

Cheverly, Md.

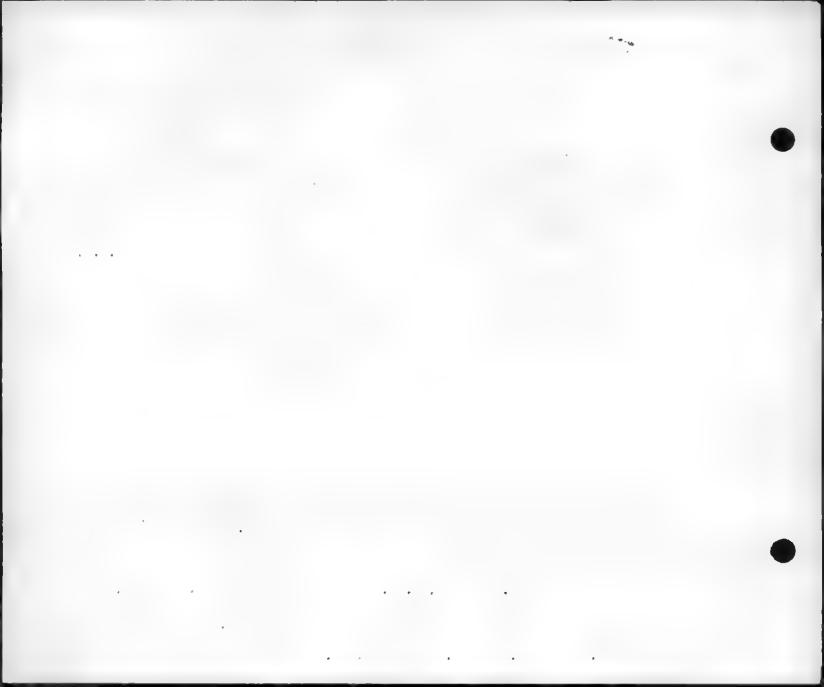
VR A15 (4) 25M 1/67

Harvy W. Penn. Jr.

The law requires that the death certificate be executed within 24 hours ofter death.

or attending

be retoined



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDT	IFIC	TE	OF	DE	ATL
CEKI	IFILE	A I E	UF.	VE	A I D

	97173			CERT	FICA	TE OF D	PEATH	1		Reg. Di	st. No.	07157
1	o. COUNTY P	rince Geor	ge	MAR	rland	2. USUAL RESIL	Maryla	and	d lived. If institu b COUNT	non Residen	ce before	odmission)
	b. CITY OR TOWN (IF Cottage Ci	outside corporate limit arest town) LY	s, write	c. LENGTH OF STAY	IN 1b		own (If ou	,	rate limits, write	RURAL ond	give neare	est fown)
	4 110 Cotta	At (If not in hospitot, g	e	ddress)		# STREET A	DDRESS		rrace		e	IS RESIDENCE ON A FARM? YES NO 🔯
3	NAME OF DECEASED (Type or print)	HAMILT		ROBER		SAGO		4. DATE OF DEATH		onth 7	3,	Yeor 67
٩.	sex Male	White	7. MARRIE	DEVER MARRI		DATE OF BIRTH		0	9. AGE (In year 70 yrs	Months		Hours Min.
N	o. USUAL OCCUPATION during most of work	N (Give kind of work of ing life, eyen if retired) Engineer	U.	IND OF BUSINESS O			ACE (Stote o	or foreign C	ountry)		S. A	WHAT COUNTRY?
1.	John Sago					Dais	MAIDEN NA		.e	·		
1-1	S. WAS DECEASED EVER	IN U. S. ARMED FOR	16 Service) 2.34	OCIAL SECURITY NO		drey F	. Sago	Sar	ne as #	dress 2 (wi	ie)	
1401270	PART I DEAT 5 2 7 Conditions if or gove rise to in couse (o), stoting the lying couse lost.	nmediate Dus TO	She Eh and	ronic Vergic	Frank.	Ace More NOT RELATED TO	for formation the termin	u a	E CONDITION G	IVEN IN PAR	19	WAS AUTOPSY PERFORMED?
/ EBTIF	OR CONTRIBUTING	☐ CAUSE OF DEATH!	20b DESCI	RIBE HOW INJURY C	CCURRED	(Enter nature o	f injury in Pi	ort i or Par	t (LoF stem 1B.)			
LA PROPERTY.	Hour o m.	Month, Doy, Yea	r 20d. IN. While of work	Not while	20e. PLAC	CE OF INJURY (I ory, street, office	Home, form, bldg., etc.)	20f. (Cit)	or town)	(4	County)	(Stote)
	21. I certify the alive an	at I attended the	-, 1 <u>%</u>	d fram 7 - 2 , and that		187 accurred/at_ .o. 371			the causes a freet, city or town AUC	ind an the		the deceased stated above DATE SIGNED
2	PREMOVAL (Specify)	5/8/67	F	72c. NAME OF CEM Ft. Lin		CREMATORY		Colm	1 1 1 1	or county)	G.	Md.
2	Francis Ga		з Ну	ADDRESS attsville,	Md.		240. REC'D			Liane		ye.



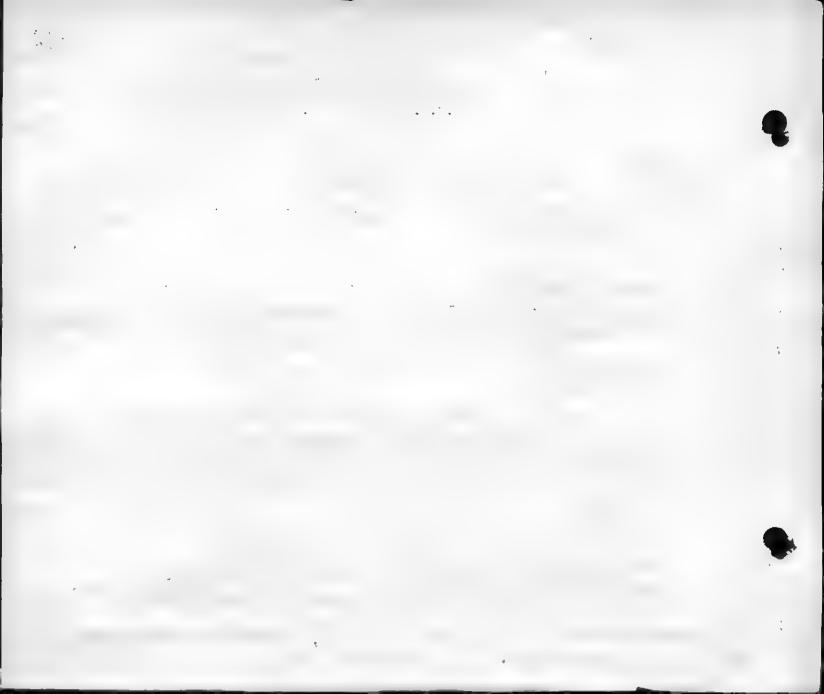
FOR STATE HEALTH DEP

> VR AISME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07158

. 1	PLACE OF DEATH	ma-la		2. USUAL RESIDENCE ** Mary land	CE (Where decessed lived, If in b. COUN)	nstitution: Residance before	admission)				
	b. CITY OR TOWN (if outsi		MARYLAND , c. LENGTH OF STAY IN 1b		F.E.J.E f outside corporate limits, write		um l				
1	write RURAL and give Cheverly	neerest town)	D.O.A.	Mt. Rain:		KOKAS GIIO ŞIYA RAGIAN IO	411,				
-		R INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS 0. IS RESIDEN							
	Prince Georg			3307 Chillum Road YES NO P							
3	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yas	r				
	(Typa or print) C	harles		wyers	DEATH May 20	19	7				
1	, SEX 6. C	OLOR OR RACE 7. MAR	RRIED K NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthdey)	IF UNDER 1 YEAR IF UNDER					
M	ale W	hite WIDO	WED DIVORCED .	January £ 19	911 -5556 yr.	Months Deys Hours	Min				
7 1	One during most of working I	Sive kind of work 10b	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT	OUNTRY				
	Butcher	J	Retired	Virginia		U.S.A.					
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	. 0 10 11 1					
	James T.	Sawyers		Ada Phil	ling						
	5. WAS DECEASED EVER IN I		16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address						
-1'		ld War II	372-16-2427 Ev	elyn Sawyers	(Wife) Same as	s #2					
=	18. CAUSE OF DEATH	E jEnter only one cause p	per line for (e), (b), and (c).]			INTERVAL BE					
	PART I, DEATH WAS	S CAUSED BY:	ULMONARY E	DEMA		ONSET AND	DEATH				
		DUE TO									
	Conditions, if any, whi	ich) (b)	SUBACUTE (-womeru	ONEPHRITIS						
	gave rise to immediate ca (e), stating the undarly	use Carle									
	eausa last.	100 (c)									
2	PART II, OTHER SIGN	IFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS	LUTOPSY				
F	ACUTE	PSEUDOM	EMBRANDUS -	TRACHEIT	75		NO I				
NOT A DIBITOR	200. EXTERNAL CAUSE V PRIMARY OF CONTRIB CAUSE OF DEATH.	VAS 20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pr	arl (or Part I) of item 18.}						
3	20c. TIME OF INJURY	Month, Dey, Yeer 20		CE OF INJURY (Homa, form		(County)	(State)				
MEDICAL	Hour a.m.		'hile Not While Facto	ory, streat, office bldg., atc.	}						
		.,,	remains described above, he	d an Autopsy XI.	Inspection X, Inquir	(X), and in my o	pinion				
						,,,					
	death resulted from	Natural causes [Accident Suici	de . Homicide	 Undetermined ma 	anner 🗌	,				
- 1	death resulted from:	Natural causes	Accident . Suici	de	L. Undetermined ma XAMINER ⊡						
- 1	ACTUAL	Natural causes	Accident . Suici	CHIEF MEDICAL E	XAMINER :	May 20, 196	7				
	ACTUAL SIGNATURE AL	reliere	Suery	CHIEF MEDICAL E	CAL EXAMINER CAL EXAMINER	May 20, 196	7				
	ACTUAL	reliere	Suery	CHIEF MEDICAL E ASSISTANT MEDI DEPUTY MEDICAL	EXAMINER [] CAL EXAMINER [] EXAMINER X (Acting	May 20, 196	7 INED				
2	ACTUAL SIGNATURE SIGNATURE COT NAME (Type)	nelius J. Bu	Suery	CHIEF MEDICAL E ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c	CAL EXAMINER CAL EXAMINER	May 20, 196 DATE SIG	7 INED				
2	ACTUAL SIGNATURE OF EXAMINER'S COTTON	nelius J. Bu	Deery LECT CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c CREMATORY	CAL EXAMINER CAL EXAMINER (ACTING EXAMINER X) (ACTING Hy, bown, or county) Chevel 22d. 10CATION (City, bown,	May 20, 196 DATE SIG	7 INED					
	ACTUAL SIGNATURE SIGNATURE EXAMINER'S COT NAME (Type) 2. BURIAL, CREMATION, 2: REMOVAL (Specify) BUPIAL	n Elius J. Bu	LECTY UNITS, MD 1226. NAME OF CEMETERY OR	CHIEF MEDICAL E M.D. ASSISTANT MEDI DEPUTY MEDICAL Address (Street, c CREMATORY	EXAMINER OCAL EXAMINER (Acting EXAMINER & CACTINg Cheve 22d. 10cation (City, town, Baltimore,	May 20, 196 DATE SIG	7 INED				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #7 Film #G389 6/12/64 pc 07159MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) p. COUNTY o. STATE b. COUNTY Vith the State Department of Prince George's Maryland Prince George's
c. CITY OR TDWN (if autside carparate limits, write RURAL and give nearest tawn) MARYLAND b CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 16 Cheverly DOA Camp Springs d NAME OF HDSPITAL OR INSTITUTION (If not in haspital, give street address) bease execute the certificate, writing the ward "pending" in penal in Item 18 Give Pages 1, 2 director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form NO X Prince George General Hospital 4504 Payne Drive 3. NAME OF 4 DATE Manth DECEASED DEATH (Type or print) Alexander Sharper IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9 AGE [6 COLOR DR RACE 7. MARR ED NEVER MARRIED last birthday) Months Hours WIDOWED 1 DIVORCED 9-19-1890 white Male permit File pages lond 2, in ony event within 72 hours after deal 1Do USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY USA during most of working life, even if retired)
Retired Florest Washington D. C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Alice 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address MEDICAL EXAMINER: This certificate should be executed (Yes, no, or unknown) (If yes give war or dates of service) Same As # 2 Emma Sharper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN a burrol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Gun shot wound of brain DUE TO Conditions, if any, which gave " rise ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTDRSY PERFORMED? 3 should be used PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) buriol, cremotion, or removol, MEDICAL CERTIFICATION 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCR.BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH Shot self in head with .35 cal. revolver 2De. PLACE OF INJURY (Hame, farm, 2Dc TIME OF INJURY Month, Day, Year Haur a.m. 2Dd ANJURY OCCURRED 2Df Sbrings. Md. (County) while of work Abandoned greenhouse, 6452 Lanham La., Camp moy be retained for your FUNERAL DIRECTOR: Poge 7:30am pm 5-19-679 21. I certify that I took charge of the remains described above, held on Autopsy [1], Inspection | Inquiry | X | ond in my opinion death resulted from Natural couses 7 Accident Suicide X. Hom cide Undetermined manner 5 may be refaine TO FUNERAL DIRE Health prior ta b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. A 5-19-67 Address (Street city, town or county) 23d LOCATION (City or Town) 230 BURIAL CREMATION, 23b DATE THEREOF 22 May 1967 Cedar Hill Cemetery Suitland, Prince Georges, Md 24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS VR A15ME (5) 4308 Suitland Road, Suitland, Maryland 6M 1/67



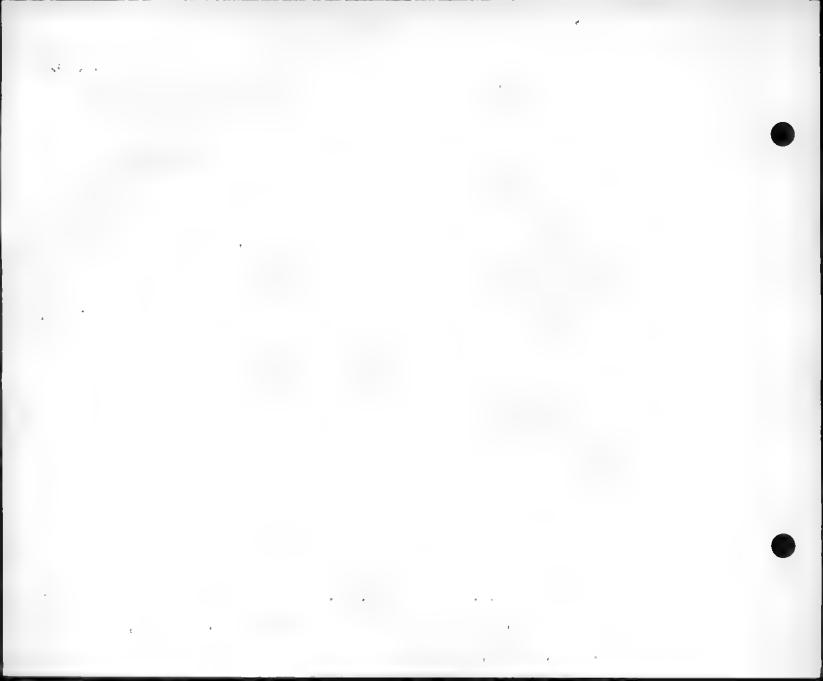
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Rages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 50 bouls after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07182 CERTIFICATE OF DEATH

1.	PLACE OF DEATI a. COUNTY	H				2. USUAL RES	SIDENCE	(Where dece			idence bet	fore admission)
		George		MARYLA	ND	a. STATE	ylan	Б	b. cour	arrett	-	
_		N (if outside corpora	te limits.	c. LENGTH OF STAY I		c. CITY OR TO	WN (If ou	tside corp	orate limits, wi	ite RURAL ar	nd give n	earest town)
	write RURAL	and give nearest toy	vn)	4 mos.			land			11		
-			ON (if not in he	spital, give street add	ress)	d. STREET ADI		-			e. I	S RESIDENCE
		Hedgewood				Rou	ta 1				_	NO X
3.	NAME OF	F	irst	Middle		Last		4. DATE	Mont	h	Day	Year
0.	DECEASED (Type or print)	Vi	rgie	E.		Shave		OF DEATH	May	2.	1	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIR	TH	9.	AGE (In years	IF UNDER 1		
Fe	male	White	WIDOWED			5/14/19	09	5	last birthday) B yrs.		7	lours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b. Kl	ND OF BUSINESS OR		11. BIRTHPLA	CE (Cour	nty & State,	er foreign country	y) 12. CIT	IZEN OF	WHAT
auı	nng most of work Reti	ing li fe, ev en if retire മെപ്		Mont Mfg.		Mary	land	3			٠.A.	
13	FATHER'S NAM		1002	monto ma	1	14. MOTHER'S	MAIDEN	N NAME				
		Upole			- 1			ambe	nt:			
1.5		EVER IN U.S. ARMED F	DDCCC2 16	SOCIAL SECURITY NO.	177	INFORMANT	uo 1	JOHILDO	Addre	59 177	77.	
		(If yes give war or dates		SOCIAL SECURITI NO.			0 0 ~-			700		
L	No				178 C	orge Sh	aver	- A	ve. Ch	<u>arles</u>		
				ne for (a), (b), and (c).]	(Son)					INTERV/ ONSET	AL BETWEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	!: met	astalic l	EER	emon	ua	_			30	AND DEATH
	150	DUE	-			11	4 . 1	1			~	
	Conditions, if		Cen	cuina	0	ore	セライ			1	34	lais
	gave rise to		E TO		11							
	cause (a), s underlying caus	tating the [(c)									
ĕ			ONSCONTRIBU	TING TO DEATH BUT NO	TRELA	TED TO THE TERM	/INAL DIS	SEASE COND	ITION GIVEN IN	PART 1(a)	19. W	AS AUTOPSY ERFORMED?
Iğ											YES	NO NO
Ĭ.	20a. ACCIDENT	WAS UNDERLYING	1 20b. C	ESCRIBE HOW INJURY	r OCCII	RRED. (Enter na	ture of l	nlury in Pa	rt I or Pert II	of Item 18.)		
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAM	(TH INER)	2001100 110011		(11.22) (2.11.11		.,,				
		INJURY Month, Day,	!	NJURY OCCURRED 20	e. PLA	CE OF INJURY (H	ome, farr	m, 20f. (City or town)	(Coun	ty)	(State)
MEDICAL	Hour a.	П.	While	Last Marriage Last	facto	ry, street, officel	oldg., etc)		7		
Σ		m. 19			-2	-77-6	7		5-21	/-	7	(I) four look
			pital) attend	ed the deceased fro	m_>	24 6		, to.		19	C, that	(I) (we) last
		ceased alive on	3/6/	(a'/_19, an	d that	death occurre	ed at/	M, tro	m the causes	and on the	e date s Te signi	stated above.
	22a. SIGNATU	tu I.	This	7 hes	M.D	ATTENDING PHYS.	MI CX	ED.	STAFF PHYS.	5	Z 2-	-67
	22c, PHYSICI	AN'S	•		181 91.7	22d. ADDR		2141	- K St	. M -	11.	
	NAME (T	ype)						ฟิลิธิก์		D.C.	" S	uite
23	a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	TETERY	OR CREMATORY	1	23d. LO	CATION (CIty,	town or coun	ity)	(Stete)
	REMOVAL (Sp Burial	ecity) 5/94	167	Vanverth	1 0	am.		Free	port,	W. Va		
24	FUNERAL DIR	ECTOR NO 17	7	ADDRESS		1 25	e. REC'	D BY REGIS	TRAR 256.	REGISTRAR'S	SIGNAT	URE
	Home In	Nalley	ris Fur	neral Mt.	RA	injer,	A/AV	95 1	007 00	Linela	- Con	dak.

VR A15 (4) 15M 4-64



100	Ιt	ems 18&Film 390 7-14-67MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		97183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07161
HEALTH DEPT.		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residen 5 COUNTY 5 COUNTY COUNTY	ce before odmission)
2, and 3 ta PM3 Page spartment af		Prince George's Maryland Prince Geo	
f dry delay 1, 2, and 3 m PM3 Pa Department		write RURA, and give nearest town)	nearest town)
Phy	H	Cheverly DOA District Heights d NAME OF HOSPITAL OR NSTITUTION (If not in hosp tol, give street oddress) d STREET ADDRESS	Le IS RESIDENCE
		Prince George General Hospital 7311 District Heights Parkway	ON A FARM?
ath forges ith forges		NAME OF First Middle Lost 4 DATE Month	Day Year
fer death for any with far the State		DECEASED JAMES MICHAEL OF Baby Boy Shoemaker DEATH 5	10 19 67
after death 8. Give Page along with f with the Stat h.	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF B.RTH 9. AGE (In years FUNDER lost birthday) Months	1 YEAR IF UNDER 24 HRS
urs ce de		ale White Monte Who was White Who was White Who was Who was	9
24 hours in Item 11 r's Office es 1 and 2 v	dur	ing most of working te, even if retired) INDUSTRY Takema Park, Maryland CO	TIZEN OF WHAT
vithin senc! amine e pags	13	FATHER'S NAME Frank Shoemaker 14 MOTHER'S MAIDEN NAME Patricia Russell	
in I Ex	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address es, notation to the solid security in the control of the solid security in	
executed anding" in Medical E t permit. F		ss, no weinknown) (if yes give wor or dotes of service) N/A Prince George County Wolfare Bear	rd, Brentwee
exi f Me f Will		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
shauld be e ne word "per a the Chief I burial-transit		IMMEDIATE CAUSE (o) ASPINYXIA	_
shauld e word a the Ch ourial-tra		Conditions, ill only, which gave 1	
the shall the data to but a but in a		toting the underlying couse (b). DuE TO	
ficate s ing the rded ta as a bu and in		lost. Unknown	
cert ficate , writing th arwarded to	×	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AJTOPSY PERFORMED?
	I S		YES 🛣 NO 🗌
_ _ _	ERTIF	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of 18)	
INER: The certific should be files. 3 should brides.	AL O	CAUSE OF DEATH Asphyxiated in crib after vomiting. 20x I ME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, Torm 20f (City or town) (co.	unty) (State)
	MEDICAL CERTIF CATION	20c T ME OF INJURY Month, Doy, Year Hour am. 8:00 pm. 5-10- 1967 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form foctory, street, office bldg, etc.) 20f (C ty or town) (ca.	11019) (31019)
AL EXA execute or Page of for you TOR: Page		21 Certify that I took charge of the remains described above, held an Autopsy 🛣 , Inspection 🕱 — inquiry 🛣	and in my opinian
Se exector Protection		deoth resulted fram: Natoral, causes 🖾 🖊 Accident 🔲, Suicide 🔲, Hamicide 🔲 Undetermined manner 🗀]
MEDIA please drecta etaine DIIIC		ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
UTY A		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	se. white diditor
necessary, please execute the funeral director Page 4 5 may be retained for your TrunkRAL DIMICTOR: Page TrunkRAL DIMICTOR: Page Peoulth prior to burial, cremo			5-11-67
o DEPU	230	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street cly town or county) BURIA CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LCCATION (City wn)	(County' (Stote)
2000年版		BURIAN May 13, 1967 Carver Memerial Cemetery, Rt.#1, Laurel, Mar	vland
VR ATSME (5)		FUNERAL DIRECTOR ADDRESS 25c RECID BY RECISTRAR 25b RECISTRARS S	GNATURE OF QUELLE
6M 1/67	H	areld S. Wade, Laurel, Maryland DAMAY 19 1967 fcliant	A Kurani





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FURERAL MILECTOR: After this certificate will be no signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after the content of the state Dept.

07185

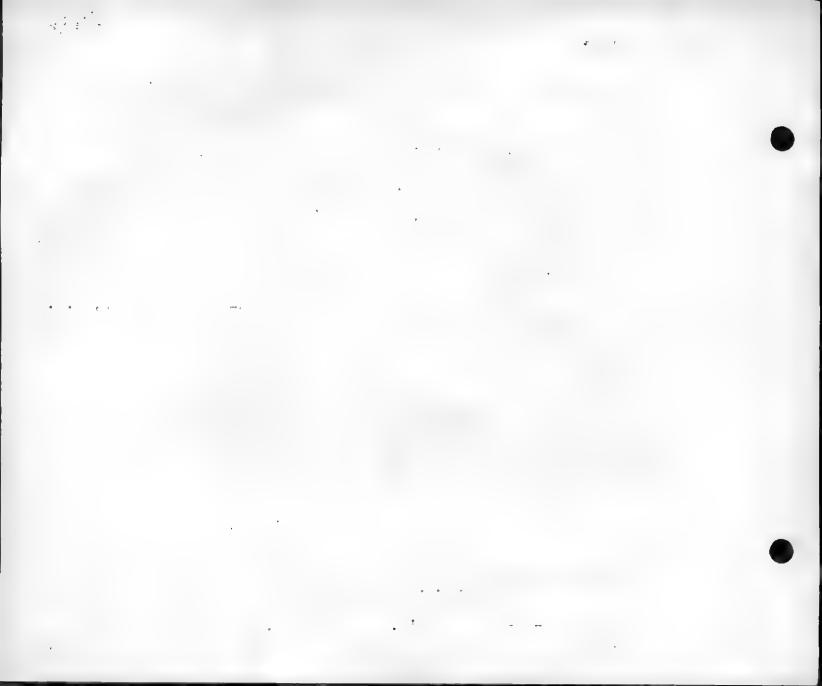
CERTIFICATE OF DEATH

07163

PART ORDING PART											
PRINCE GEBRES MARYMAD OTTO STAY IN ID SOFT OF SOW' (if o1sade corporate harris, write RURAL and give insertes town) Shrs49min Shrs49min C (LICH OF Now, if o1sade corporate harris, write RURAL and give insertes town) WASHINGTON C SHRI ADDRESS J NAME OF BOSPITAL ANDREWS NAME OF BOSPITAL ANDREWS NAME OF OFTEN ANDREWS NAME OFTEN ANDREWS N								Where dece			fare admission)
b CITY OR TOWN, (If ourside corporate lamins, with BURSAL and give nearest town) ANDREWS AF RASE, O NAM OF HOSPITAL ANDREWS I SAF HOSPITAL ANDREWS			FORGES		MAR	YLAND		r of			:/
ANDREWS AF BASE ONAL OF MOSTING OF MINITOR (If etc) in hospina, give street address) USAF HOSPITAL ANDREWS I 3 NAME OF First Modele PECTARED ON A FARM, ON THE MOOTH ON THE MOOTH OF FOUR PECTARED ON A FARM, ON THE MOOTH OF FOUR PECTARED ON A FARM, ON THE MOOTH ON THE MOOTH OF FOUR PECTARED ON A FARM, ON THE MOOTH ON THE MOOTH OF FOUR PECTARED ON A FARM, ON THE MOOTH ON				S,	c LENGTH OF STAY	IN 1b					rest town)
CHRISTIALOR MINITURION (Front in hospita, give street oddress) USAF HOSPITAL ANDREWS 10 34 BARNABY TERRACE ON A FRANCE (STANDERS) 3 NAME OF FIRST Middle OF PETASE (NM)					5hrs49	min	MACHINGT	ron		v	
STAMPORE TOTAL AND REWS TOTAL AND REATH Mouth Total And Rever				ot in haspita, gi	ive street address)			LVII.			B IS RESIDENCE
CHRISTOPHER	` _ Ţ	JSAF HOS	SPITAL AND	DREWS			1034 BARN	IABY	TERRACE	Ξ	
Continue			Fil	rs†	Midale		Last		E Ma	nth D	ay Year
MALE NEGROID WIDOWED DIVORCED 4 MAY 1967 Total birthidary) Months Days Bous Myn. 100a LSJAM OCCUPATION (five kind of work dame Divorced 4 MAY 1967 Total birthidary) Months Days Bous Myn. 10a LSJAM OCCUPATION (five kind of work dame Divorced 4 MAY 1967 Total birthidary) Months Days Bous Myn. 10a LSJAM OCCUPATION (five kind of work dame Divorced Total birthidary) Months Days Bous Myn. 10a LSJAM OCCUPATION (five kind of work dame Divorced	(Type or pant)	CHRIST	OPHER	(NMN)	5	SIMMONS		TH MAY	4	19 67	
MALE NEGROID WHOWED DIVOKED 4 MAY 1967 yrs 100 Listad Occupation (Give Rand wark dane during most of worked) lie, even if relired) 100 KIND OF BUSINESS OR INDUSTRY NO. INDUSTRY PRINCE GEORGES, MD. 12 CIUZEN OF WHAT COUNTRY 13. FATHERS NAME	S	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D X 8	DATE OF BIRTH		9. AGF (In years		
HOUSERY PRINCE GEORGES, MD. COUNTRY				WIDOWED	DIVORCE	D 🗆 4	MAY 1967	7	1.	manins pay	5 5 49.
13. FATHERS NAME EUGENE SIMMONS 15. WAS DECEASED EVER IN S ARMED FORCES? (*Test Apply of unknown) (It yes grown red goldes of service) 16. SOCIAL SECURITY NO. NONE FATHER, SAME AS # 2 18. CAUSE OF DEATH (Enter only one couse per line log (a), (b), and (c)) PART I. DEATH WAS CAUSE BY. (MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove in se to immediate couse (a), storting the underlying couse (b) storting the underlying couse (c), storting the underlying couse (b) OR CONTRIBUTING CHARGE AND DEATH 200. ACCIDENT WAS UNDERLYING CHARGE AND DEATH OR CONTRIBUTING CHARGE AND DEATH 200. CONTRIBUTING CHARGE AND DEATH OR CONTRIBUTING CHARGE AND DEATH 200. CONTRIBUTING CHARGE AND DEATH 201. CERTIFICATION CHARGE AND DEATH 202. CONTRIBUTING CHARGE AND DEATH 203. CONTRIBUTING CHARGE AND DEATH 204. CONTRIBUTING CHARGE AND DEATH 205. CONTRIBUTING CHARGE AND DEATH 206. CONTRIBUTING CHARGE AND DEATH 207. CONTRIBUTING CHARGE AND DEATH 208. DEATH 209. DEATH 200. CONTRIBUTING CHARGE AND DEATH 200. CONTRIBUTING CHARGE AND DEATH 201. CERTIFICATION CHARGE AND DEATH 202. CONTRIBUTING CHARGE AND DEATH 203. DEATH 204. DEATH 205. DEATH 206. CONTRIBUTION CHARGE AND DEATH 206. CONTR	10a	LSUAL OCCUPATION	(Give kind of work done	106 KIA	D OF BUSINESS OR		11. BIRTHPLACE (County	& State, or	foreign country)	12. CITIZEN	OF WHAT
13. FATHER'S NAME 14. MOTHER'S MADDEN NAME 15. WAS DECEASED FYERING. S ARMED FORCES? ("On-googy counknown") (If segine work godgetes of service) (In SOCIAL SECURITY NO. NONE FATHER, SAME AS # 2 16. SOCIAL SECURITY NO. NONE FATHER, SAME AS # 2 17. INFORMANT 1	dur			INL	N/A		PRINCE G	GEOR	GES, MD.	. US	A
IS. WASDECASED EVER IN J.S. ARMED FORCES? (Yes ADOPT Unknown) [If yes give wor sed dates of service] IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gove nise ta immediate couse (a), storing the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PART III. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH		EUGENE	SIMMONS					A A.	WHITTA	KER	
18. CAUSE OF DEATH (Enter only one couse per line fac (a), (b), and (c)	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	franchisch (iress	
PART IL DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO COnditions, If any, which gave inset a immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TERMINAL D	(10	NO	NA		NONE	[FA1	HER,	SAME	AS #2		
20c. TIME OF INJURY Month, Day Year Hour a.m. p.m. 19 Vinle at work	N	PART I. DEAT Conditions, if any, nise to immediat stating the under last.	H WAS CAUSED BY. IMMEDIATE CAUSE DUE which gave e couse (a), clying cause	(a)	4 <i>RD</i> [0						9 WAS ALTOPSY
20c. TIME OF INJURY Month, Day Year Hour a.m. p.m. 19 Vinle at work	ICATIO	00 100 000		20. 250	COLOR LIGHT MILITARY	CCURDED I		D 11 D			
21. I certify that (t) (this haspital) attended the deceased from 4 May , 1967, to 4 May , 1967, that (t) (we) last saw, the deceased alive on 4 May 1967, and that death accurred at 2:45 M, from causes and on the date stated above. 22d. SIMPRE 22d. DATE SIGNED 22d. ADDRESS USAF Hospital Andrews NAME (Type) ARNOLD A. ABRAMO LTCOL, USAF MC Andrews AFB, Wash DC 20331 23a. BURIAL, (REMATION, BURIAL), (Speafy) 5/10/67 Arlington Nat 1 Cem. Fort Nyer, Virginia 24. FUNERAL DIRECTOR DE D. S. DOREST ADDRESS 150. REGISTRARS SIGNATURE	L CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	205. DES	CRIBE HOW INJURY C	OCCURRED. (Enter nature at injury in	Post I or F	art II at item 18.}		
sow, the deceased alive on 4 May 1967, and that death accurred at 2:45 M, from causes and on the date stated above. 226 Shuttre 226 DATE SIGNED 4 May 1967 276 PHYSICIAN'S NAME (Type) ARNOLD A. ABRAMO LTCOL, USAF MC Andrews AFB, Wash DC 20331 230. BURLETOR 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURNOLD 23b. DATE THEREOF Arlington Nat 1 Cem. Fort Nyer, Virginia 24. FUNERAL DIRECTOR DE D. S. DORS 4 ADDRESS 150 BECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	MEDICA	Hour o.n	n.	While	Not While				(City or town)	(County)	(State)
22d. DATE SIGNED 27d. PHYSICIAN'S NAME (Type) ARNOLD A. ABRAMO LTCOL, USAF MC Andrews AFB, Wash DC 20331 23d. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, County) 23d. NAME OF CEMETERY OR CREMATORY Andrews AFB, Wash DC 20331 23d. LOCATION (City or Town) (County) (Store) Arlington Nat 1 Cem. Fort Myer, Virginia 24. FUNERAL DIRECTOR DED S. DOBE					led the deceased	from	May				
Andrews AFB, Wash DC 20331 230. BURIAL REMATION, B. REMOVAL (Specify) 5/10/67 Andrews AFB, Wash DC 20331 231. Common Nate National N		saw the d	eceased alive on	May/	19/67	and that	death accurred at	12:45	M, fram causes		
NAME (Type) ARNOLD A. ABRAMO LTCOL, USAF MC Andrews AFB, Wash DC 20331 230. BURIAL, CREMATION, BURIAL, CREMATION, 5/10/67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store) Arlington Nat 1 Cem. Fort Myer, Virginia 24. FUNERAL DIRECTOR DED S. DOBEL 4. ADDRESS 250. RECISTRAR 25b. REGISTRAR'S SIGNATURE		220 31 11	and a	DE	MAN	CGM.D					
230. BURIAL, CREMATION, BURIAL, CREMATION, 5/10/67 Arlington Nat'l Cem. 23d. LOCATION (City or Town) (County) (Store) Fort Myer, Virginia 24. FUNERAL DIRECTOR OF DEPT. 250. RECISTRAR 250. REGISTRAR'S SIGNATURE				ABRAI	MO,LTCOL		22d ADDRESS U		A		
Buria 5/10/67 Arlington Nat 1 Cem. Fort Myer, Virginia 24. FUNERAL DIRECTOR DED S. DOBEL 4. ADDRESS 15.1. Cem. 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE				EREOF	23c. NAME OF CEM	LETERY OR C	REMATORÝ	23d.	LOCATION (City or T	lawn) (Caur	
24. FUNERAL DIRECTOR S DODA'S LADDRESS 250, BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				57	Arlingt	on N	lat 1 Cem.				
				Opd		L5tb:	O-44 64.4	M			Judge

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

***	DIVISION OF VITAL RECORDS, 301 W. FRESTON STREET, DARFHORE, MARTERIO 21201
- AA	07186 CERTIFICATE OF DEATH 07164
24 hours ofter death ed in by the funeral opers. Pages 1 and 772 hours after feath	Prince Corres MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE b COUNTY Maryland Maryland Prince Georges
ter fer fer	Prince Georges MARYLAND Maryland Prince Georges b CITY OR TOWN (If outside comparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town)
n 24 hours ofter illed in by the fur popers. Pages 1 in 72 hours after	write KUKAL and give negrest town!
by by	Cheverly 44 days Upper Marlboro ,
4 hg t in gers. 72 h	ON A FARM?
in 24 pope pope	Prince Georges General HOspital 8913 Cherry Lane YES NO
€ / ≥ 5 €	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
pietely corodn	(Type or pant) John W. Simms DEATH May 9, 1967
£ 2	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years FUNDER 1/EAR FUNDER 24 HR
Xec 100	Male Colored WIDOWED Sep. DIVORCED 4/21/05 62 YES NOWED Sep. DIVORCED 4/21/05
ate be executed ician and complication and complications in any event	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106. KIND OF BUSINESS OR INDUSTRY 118 INTHPLACE (County & State, ar fareign country) 118 INTHPLACE (Country & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? USA
rtificate b physician en pleose oval, ond i	13. FATHER'S NAME Robert Simms 14. MOTHER'S MAIDEN NAME Bessie Johnson
re death certif attending phy permit. Then ian, or remova	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes No or unknown) (If yes give war or dates of service) Unk. 17. INFORMANT Marilyn Jones-2215 Rand Pl., N.E.
The law requires that the ottending physician. Has been signed by the use as the burial-tronsit. Ith prior to burial, cremat	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Ceirc 640 Vasuly Accident - Cin bolic ONSET AND DEATH Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse (b) DUE TO (c) Cotonary Arterius alexant Diseas
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY
tol of fication for	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18)
	20c TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 Act While at wark at wark at wark p.m. 19 Act While at wark p.m. 19 Act wark p.m. 19 Act While at wark p.m. 19 Act While p.m. 19 Act
ATTENDING stained by th CTOR: After i shauld be d ith the State	21. I certify that (3) (this haspital) attended the deceased from March 26, 1967, to May 9, 1967, that (3) (we) saw the deceased alive an May 9, 1967, and that death accurred at 1 p. M, from causes and an the date stated about
~ <u>~ ~</u> ≥	22a. SIGNATURE Scheming Denner M.D. ATTENDING MED. STAFF XX May 9, 1967
ro Hospital of Page 4 may be o Funeral bird director, page should be filed	22c PHYSICIAN'S NAME (Type) Edwin Jensen, M.D. 22d ADDRESS Prince General Hospital
OSI UNE CTO	23d PURIAL OPERATION 23h DATE THEREOF 23d NAME OF CEMETERY OR OPERATORY 23d LOCATION (City or Town) (County) (Stote)
Page o Fun	REMOVAL (Specify)
V-4	
VR A15 (4)	24 FUNERAL DIRECTOR H 3 39 Hout ADDRESS N.E. DATE MAY 12 1967 Yollowlas Judge



W g TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the mompital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carboy papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 17 hours after

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17187
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)	
Prince George MARYLAND	a. STATE Maryland b. COUNTY Pr.	Geo.	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a		
Cheverly 11 Days	Hillcrest Heights,	. ,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e, 18 RESIDENCE	
74 Prince George General Hospital	2577Colebrooke Dr., SE	ON A FARM? YES NOW	
3. NAME DF FIRST Middle	Last 4. DATE Month	Day Year	
(Type or print) RUSSELL H. S	TAINBACK DEATH MAY 11t	th 19 67	
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 2	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Months D		
	Oct. 7th, 1912 54 yrs. Months D	Pays Hours Min.	
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT	
during most of working life, even if retired) INDUSTRY	North Carolina	INTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Walla D 64 4			
William R. Stainback 15 WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Lessie Hicks		
(Yes, no, or unkown) (If yes give war or dates of service)	*		
	ssie M. Stainback (Wife) Same as	Item /2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary	em 60/45	4 hours	
OUE TO TO		,	
Conditions, if any, which) (b) /h /e bo fhi	rombosis	days	
gave rise to immediate (cause (a), stating the DUE TO		J	
underlying cause last. (c) (IVVIIOSIS 07	77701	3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
2 " Umbilical Vein catheterization		YES NO X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2 Landical Vein catheferiza fion 20a. Accident was underlying 1 20b. Describe yow injury occu B OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While mork Month at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21. I certify that (I) (this hospital) attended the deceased from M	lay 1, 1967 to May 11, 1967	that (I) (we) last	
	death occurred a 5:55 M, from the causes and on the		
22a. SIGNATURE		E SIGNED	
July H. Bayly M.D	ATTENDING MED. STAFF May 1	1-1967	
22c. PHYSICIAN'S NAME (Type) Description	22d. ADDRESS Prince George Genera		
NAME (Type) Dr. John H. Bayly	1835ISt. N. W. Wash.	DC	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		ty) (State)	
REMOVAL (Specify) Burial May 13-67 Fort Lincoln	Cemetery Bladensburg, Md.		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	
Simmons Bros. 1661-Good Hope Rd SE Wash	DC MAY 1 2 1667 Charles	udge	
TOOL TOWN HOUSE IN 150	DO I DATE. THE LATE IN		

VR A15 (4)



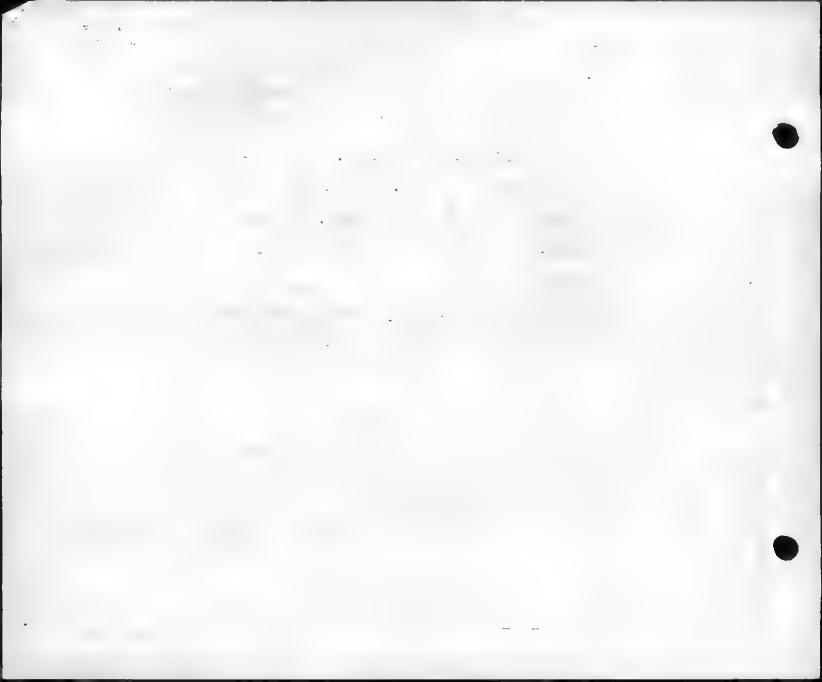
TO FUNERAL DIRECTOR: After this certificate has been signed by the attendmentally situal and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perms. Defin please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. Page 4 may be retained by the haspital or attending physician

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	27188	}		CERTIFICA	ATE	OF DEATH		•	07	7166			
1	PLACE OF DEATH	<u> </u>			1	2. USUAL RESIDENCE (V	Vhere dec			te before adi	mission)		
	a. COUNTY	Prince Ge	orge	MARYLAND	, 1	o. STATE	let.	b. COU	NTY		V		
b CSTV OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16						District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town)							
L	write RURAL on	d give nearest town) Hyattsvil		6 years		Washir	not.or	n	5				
-	d NAME OF HOSPIT			ta, give street address)	Washington d STREFT ADDRESS e IS RESIDENCE								
		•	,	Queens Chapel	Rd	/	5th	Street, M	LE.	AE2 OV	NO DC		
	NAME OF		ırst	Middle	4 5 74 1	Last	4. DAT	E Mon	th	Day	Year		
	DECEASED (Type or print)	Lo	۾ آ	C.		Starke	OF DEA	TH May	· ·		19 67		
5	SEX	6 COLOR OR RACE	7 MARR		7 8	DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF			INDER 24 HRS.			
	Female	White	WIDOV	VED DIVORCED		ov. 11, 188	Days Ho	ours Min.					
100	LUSUAL OCCUPATION	(Give kind of work done	10	NIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County		r fareign country)		ZEN OF WH	AT		
uui	ing mast at warking	lite, even if retired). Housewife		INDOSTRY		Washington	1, D.	.C.	Uni	ted S	tates		
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME						
		James M.	Ette	r				Clara Si	x				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES	?	16 SOCIAL SECURITY NO	17 1	FORMANT		Addr					
(1	no, or unknown)	fit has dive wat or gotas	OI 281AICE)	220-44-8205	Sac	ered Heart H	lome	Hyattsvi	lle.	Maryla	and		
	18 CAUSE OF D	EATH (Enter only one co			- /	1-9 11	7	K		INTERVA	L BETWEEN		
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUS	(0)	Blerios	Li	Revolute	art	puseas	2	ONSET A	AND DEATH		
	420		E TO										
	Conditions, if any		(b)		_								
ı	rise to immediate		E TO										
	last.		(c)										
z	PART II. OTHER SI	GN/FICANT CONDITIONS	CONTRIBUTI	NG TO DEATH BUT NOT RELATED	TO TI	HE TERMINAL DISEASE CON	DITION G	GIVEN IN PART 1(c)		19. WAS	S AUTOPSY FORMED?		
ATI0	1		a	Murity						YES	NO 🗗		
E	200 ACCIDENT WA		20!	DESCRIBE HOW INJURY OCCUR	RED.	Enter nature of injury in I	Part I ar	Part II of item 18)					
9		MEDICAL EXAMINER)		7/									
MEDICAL CERTIFICATION	20c TIME OF INJU	URY Month, Day, Year				F OF INJURY (Hame, form		f (City or tawn)	(Cou	inty)	(State)		
ME	p.i	10		While Not While wark	10 (10	ry, street, affice bldg , etc.)							
	21. I certi	fy that (1) (this ha	spital) at	tended the deceased fran	n_2	an / 1	967	, to may	14, 191	57 that	(I) (we) las		
ı		eceased alive an_	7	2004 (279 67, and	that	death accurred at.	42%	_M, from causes	and an th	he date st	ated abave		
	220 SIGNATURE	1)11	X	3 115	0	ATTENDING	MED	STAFF C	22b. D/	ATE SIGNED			
		4//	1/0) rence	C.M.	1015	DIRECTOR	R L PHYS. L	1				
	22c PHYSICIANS NAME (Type		130	WIE		3 ADDRESS	- K	uns	lely	tul	1 230		
23	BUR:AL CREMATIC		IEREOF	23c. NAME OF CEMETERY	OR C	REMATORY	23d	LOCATION (City or To	wn)	(County)	(Stote)		
1	REMOVAL (Specify	5-17	-67	ARLINGTON	1 N	MATIONAL		ARLINGTO	N,		VA.		
	1. FUNERAL DIRECTO	IR a		ADDRESS		WASH 2So. REC'D	87 REG	ISTRAR 2Sb. RI	GISTRAR'S S	IGNATURE			
5	Jancis	7. Collen	a 28	21-145 STNO	U	DC DAMAY	17	1907 00	Lineson	. 0	and the		

VR A15 (4) 20 M 1/66



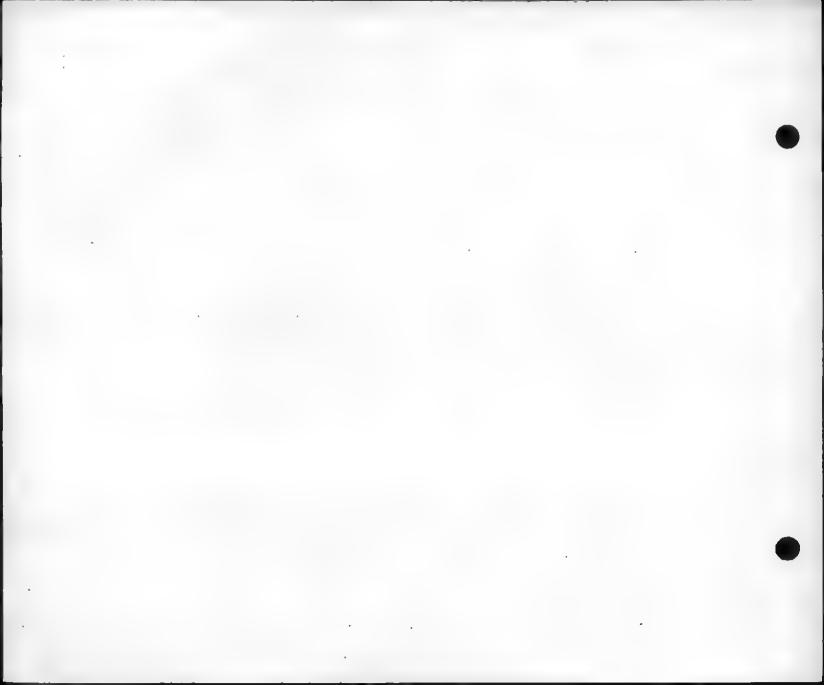
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

9718	39		CERTIFICA	TE OF	DEATH			07167	
PLACE OF DEATH o. COUNTY	rince Georg	e's	MARYLAND		UAL RESIDENCE (V STATE Mary)		ed, if institut b. COU	on Residence bef	ore odmission)
b. CITY OR TOWN	(If outside corporate limits and give nearest town)		TH OF STAY IN 16	c. CIT	Y OR TOWN (If ou Hyan	tside corporate lin ttsville	uts, write RU		
d. NAME OF HOSP	TAL OR INSTITUTION (If not e Georges Ge	, ,	. ,	d. ST	REET ADDRESS 5314 De	ecatur s	t		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Pa	T	Middle Stee	ele	Lost	4. DATE OF DEATH	May May	15,	Year 19 67
s sex male	6 COLOR OR RACE white	7. MARRIED NE	DIVORCED	1	of Birth 2 13, 190		(In years birthday) yrs	IF UNDER 1 YEAR Months Days	
during most of work in Bus	ON (Give kind of work done g life, even if retired) driver	10b. KIND OF BU Grayhoun		11. B	RTHPLACE (County & Virginia		ountry)	U. CITIZEN (
13 FATHER'S NAME		Steele		14. N	OTHER'S MAIDEN N	IAME	Da1	ton	
IS. WAS DECEASED EN (Yes, no, or unknown INO	ER IN U.S. ARMED FORCES? (If yes give wor or dates of	16. SOCIAL SE Service) 173 O7	O719	7. INFORM Cathry	n Steele	e 11,	Addro yattsv	rille, Mo	i.
Conditions, if on rise to immedia storing the und	y, which gove the couse (o). erlying couse	Heart fa Hyperter	ilure nsive art					nin e ove	ITERVAL BETWEEN NSET AND DEATH ULES r 2 yrs.
200 ACCIDENT W	AS UNDERLYING		BUT NOT RELATED TO						WAS AUTOPSY PERFORMED? YES NO
20c TIME OF IN	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor m. 19				JURY (Home, form et, office bldg , etc.)		or town)	(County)	(Stote)
21. I cert	ify that (1) (this hasp leceosed alive on _	ital) attended the	deceased from	hat death	1-63 , 19 occurred of), ta 6:10d/mfro	m couses	5, 19 <u>67</u> , t ond on the do	hat (I) (we) in
220. SIGNATURE	1/10	hi, K	eft	M.D. PHY	rs. X	MED DIRECTOR	STAFF PHYS.	22b. DATE SIG	
	John Kehoe,				d. ADDRESS Riverda				
230. BURIAL CREMAT REMOVAL (SPACE DULT 2 CL	May 18	1967 F	AME OF CEMETERY O		etery		Manor	Pro Geo	Md.
	sch's Sons		address e, Md.		DAMAY	18 196		GISTRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundage director, page 3 shauld be detached for use as the burial-transit permit. Then please tenhane carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Tage 4 may be retained by th≡ haspital or attending physician. VR A15 (4) 25M 1/67

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ATTEO

- 1			07186			CERTI	FICALE	OF DEATH			OTTO	5															
neral death			LACE OF DEATH COUNTY TINCE GE	ATAR		HAE	RYLAND	2 USUAL RESIDENCE (V D. STATE	Vhere deceased 1171	b. COUNT	À	,															
the fi			. CITY OR TOWN (1 write RURAL and	f outside corporate lim I give nearest tawn)	ıts,	c ENGTH OF STAY	IN ₹b	CITY OR TOWN (If ou	tside carporote lim		L ond give neores																
haun in by ers. P	-	(heverly	AL OR INSTITUTION (IF		7 day ve street oddress)	S	Cheverly d. STREET ADDRESS				B IS RESIDENCE ON A FARM?															
lled pape in 7	1 4	P	rince Ge	orres Gene	ral Hos	pital -		_2820_Cres	t Avenue			YES NO X															
d will letely arbo nt, w		IAME OF ECEASED (ype or print)		First Elste	Middle Ann		lost Stewart	4 DATE OF DEATH	Month May	Doy 16.	Year 19 6 7																
	ı	5 5	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	ED 8.	1/22/13	9 AGE	(n years birthdoy)	IF UNDER 1 YEAR Months Doys	IF UNDER 24 HRS Hours Min															
be exe	-	10a	'emale USUAL OCCUPATION	White		ID OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign to	11.2	12 CITIZEN OF																
at a se	L			rie, even if retired)	0.8	Govern		Illino			CORVIES:	Α.															
if Fig.			FATHER S NAME	Cusas				Ross G.																			
cer The The	-		anley J.	RINUS ARMED FORCES	2 115 0	OCIAL SECURITY NO.	I 17 IN	FORMANT	Sinek	Address																	
death tendir rmit.		(Ye:	, no, or unknown) 10	(If yes give wor or date:	e of control			ph W. Stev	vart Jr.			son)															
s that the death certifical cian. d by the attending physic I-transit permit. Then pe cremation, ar remaval, a				ATH (Enter only one of the WAS CAUSED BY: IMMEDIATE CAUS		(c), (b), ond (c).)	· (4	e semme				SET AND DEATH															
e law requires that the the the the the the tending physician. Is been signed by the as the burial-transit priar to burial, cremat			$170 \times$	DU	(b)	venom	A	breat			1	month															
	MEDICAL CERTIFICATION					nse to immediate stating the under last.		(c)		0																	
手をですま		ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	ELATED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN IN I	PART I(o)		WAS AUTOPSY PERFORMED? ES NO \$5															
pital orrificat		CERTIFIC		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I or Port II af	item 18.)																	
PHYS ne has his cel etache Dept.																		MEDICAL		JRY Month, Day, Yeor n.	White	JURY OCCURRED Not While		OF INJURY (Hame, farm y, street, office bldg., etc.)		ar town)	(County)
				fy that (I) (斯路斯)			from	, 1	9, 7, to M	av 16.	_, 19 <u>67</u> , ti	nat (1) (30%) la															
ITENI Jined OR: A OR: A Could h the			saw the de	eceased alive an_	May 16,	1967.	and that	death accurred at	2 • 1 5pM, fra	m causes a	nd an the dat	e stated abav															
OR ATTEN be retained DIRECTOR: / ge 3 shauld ed with the			220 SIGNATURE	half c.	Elm	~	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	ED															
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with th			22c PHYSICIAN S NAME (Type)) E.F	DGMEN	,'	22d. ADDRESS Prince G	eorges P	laza,Hv	vattsvil	le, Md.															
JOS Je 4 JUNI ecto	Ī	230	BURIAL, CREMATIC			23c NAME OF CEN				N (City ar Taw																	
5 5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	P		REMOVAL (Specify		67	Ft. L	incoln		Colma																		
VR A15 (4)	1		FUNERAL DIRECTO		**	ADDRESS	3.6.1		BY REGISTRAR		ISTRAR'S SIGNATU	Ludge.															
20 M 1/66			rancis	Gasch's S	ons Hy	attsville	, Md.	DATEMA	Y I 8 191	DI A	7																



DIVISION OF VITAL RECORDS W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY **b** COUNTY 2, and 3 to PM3. Page Prince George s

b CITY OR TOWN (If autside corporate l'mits,
write RURAL and give nearest tawn) c LENGTH OF STAY IN 15 c CITY OR TOWN (f gartside corporate imits write RURAL and give nearest town) he State Departme Washington D.C. DOA Cheverly d STREET ADDRESS e 15 RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) word 'pending' in pencil in Item 18. Give Pages 1, 3 the Chief Medical Examiner's Office along with farm YES NO X 1838 Maryland Avenue Prince George's General Hospital 3 4 DATE 3 NAME OF Middle Month DECEASED Stigger 67 (Type or pnnt) Margaret Melvin DEATH 8 DATE OF BRTH 9 AGE (In years E UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARR ED X **NEVER MARRIED** 52 birthday) W DOWED DIVORCED female Negro 12 CITIZEN OF WHAT 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare gn country) during mast of working fe, even it retired) INDUSTRY General Housework 13 FATHER S NAME Robert Daniel Lena Rawlings 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no ar unknown) (It was give war or dates of service) Lena Wallace-mother-5716 8th St., event within 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burnal-tasmsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage and shock DUE TO any Laceration of brain , and Conditions, if only, which gave writing the nse ta immediate cause (a), be farwinded ta DUE TO stating the underlying cause Multiple fractures of legs and pelvis 19 WAS AUTOPSY PERFORMED? or remayal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X certificate, 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) files. shauld PRIMARY X or CONTRIBUTING Passenger in car involved in collision CAUSE OF DEATH cremation, 20f (City or town, 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm (State) 20c TiME OF INJURY Month Day, Year whe at work work Woodrow Wilson Bridge, Prince George's, may be retained for your FUNERAL DIRECTOR: Page B:15am pm Page 21. I certify that I took charge of the remains described oboxe, held an Autopsy [], Inspection [X], Inquiry [X], and in my opinion Accident XX Suicide . Hom cide . Undetermined monner deoth resulted from. Notural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral XXXXXX DEPUTY MED CAL EXAM NER X **EXAMINER'S** 5 may O FUNE Health NAME Type) John Kehoe M.D., Riverdale, Maryland
PURAL CREMAN IN / 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATOR Address (Street, city, town or county) the. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Buria! Carver Memorial Park Maryland 25b REGISTRAR S SIGNATURE Home-4001 Fenning Road, N. E VR A15ME (5) 6M 1767 1967 - Charles Judge

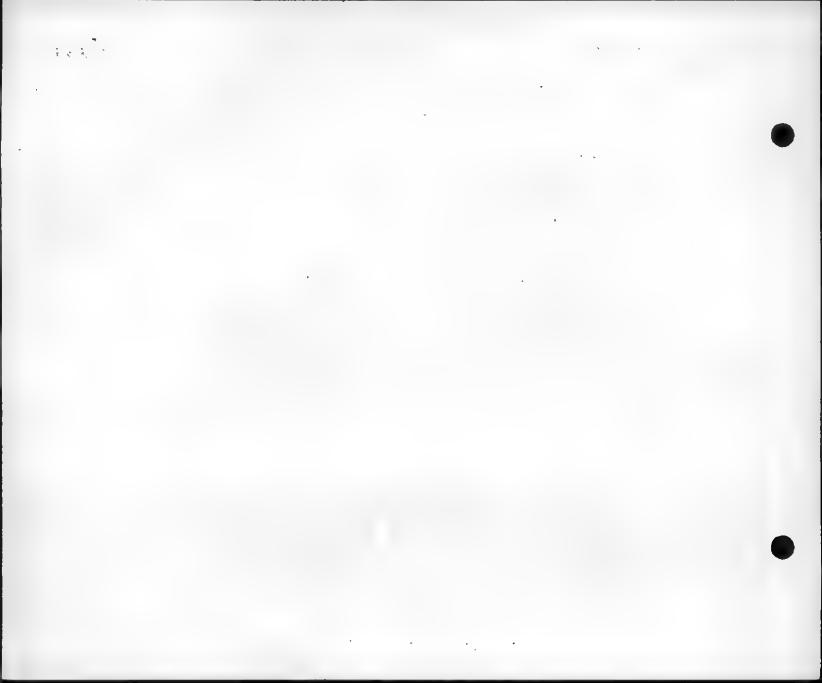
MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS 301 W. PRESTON STREET BALTIMORE MARYLAND 21201

		DIAISION OF STATISTICAL	L RESEARCH AND RECORDS, 301	W. PRESTON STREET, DALITH	INE, MAKILAND ZIZO	/1
		07192	CERTIFICATE	OF DEATH	~	7170
	P		COUNTY MARYLANO	2. USUAL RESIDENCE (Where deceased o. STATE / M A RYLA N D	b. COUNTY PRINCE	GEORGE
		o (ITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn)	C LENGTH OF STAY IN 16	WASHING T	on DE	. /: /
_	P	NDREWS DIRFORCE	Rn. V. P	d STREET ADDRESS 1501-497HAV	E. S.E.	e IS RESIDENCE ON A FARM? YES NO X
		NAME OF PIRST DECEASED Type or print)	1 1 1 1 1 1	TOCKING DEATH	Month MAY	0oy Year 2 / 19 6 7
	5	MALE WHITE W	IDOWED DIVORCED	8 JAN 1962 1	5 yrs	Doys Hours Min
	duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	PRINCE GEORGE	o ". com	ZEN OF WHAT NTRY?
		DAVID EDWARD	STOCKING.		ELYN TE	RO
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of serv	NONE DAY	NFORMANT (IDEDWARD STUCK)	NG-WASHIN	
		18. CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	1 line for (a), (b) and (c).) 5 & P 5 i 5 cu i T	H MIASTOIDIA HS		ONSET AND DEATH
		Conditions, if ony, which gove (b) (b)	ACUTE Cymphol	lastic Leukem	r &	33 MONTHS
		stoting the underlying couse lost. DUE TO (c)				I 19 WAS ALTOPSY
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				PERFORMEO? YES NO
		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or Port II		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While Not While of work of work	rry, street, office bldg , etc.)	City or town) (Coun	, , , , , , , , , , , , , , , , , , , ,
		21. I certify that (I) (this hospital saw the deceased olive on 2)) attended the deceased from	deoth occurred at 5 47 M,	from causes and on the	that (1) (we) last e date stated above.
		220. SIGNATURE 220. PHYSICIAN'S	Edein MC	ATTENDING MED. PHYS OIRECTOR C 22d. ADDRESS	CTAEL	MAY 1967
1	- 00	NAME (Type) PAUL H	PERLSTEIN USAFM	SOUSAF HOSP AN		
		BURIAL, CREMATION, STANDAR (Specify) 5/25/67	SPRINGFIELD		GFIELD CENTER	County) (Stote) R, NEW YORK
		. FUNERAL DIRECTOR ROBERT E. WI 308 SUITLAND ROAD, SU	LHELM FUAGENAL HOME	MAY 2 4 196	001 6	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please tembore carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and had no yevent, within 72 hours after death VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

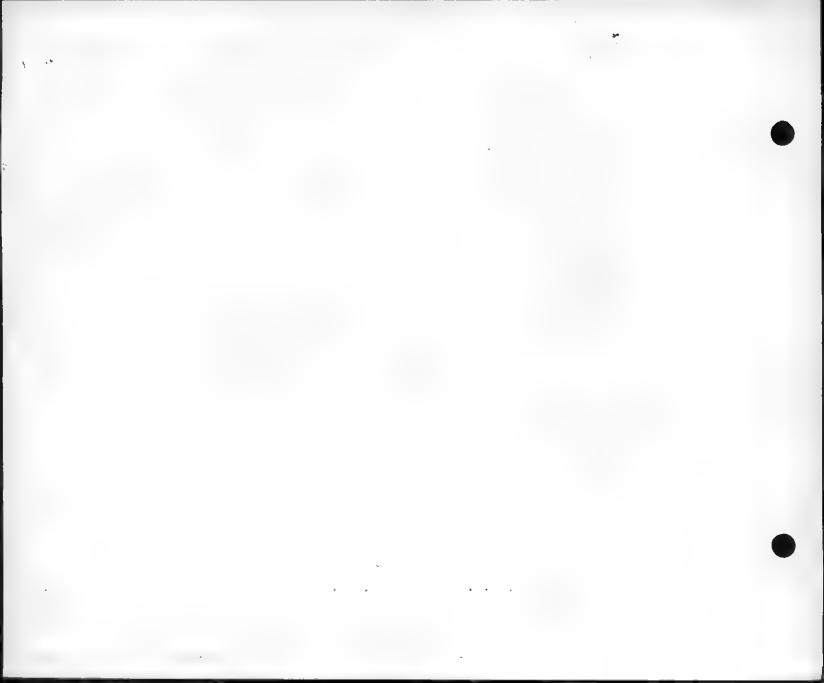
(865)

	1.	PLACE OF DEATH	i							E (Where de	ceased lived,	. If instit	ution: Resi	dence be	fore admission)
-		Prince Georges MARYLAND							a. STATE Maryland b. COUNTY Pr. Geo's						
		b. CITY OR TOW Write RURAL	N (if outside o	orporate lu	mits,	c. LENGTH OF		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1		Brandyw	Na.	ylor											
		d. NAME OF HOS	SPITAL OR INS				w .						S RESIDENCE		
`		randywi	ne-Wal	.dorf	Medi	cal C	enter								ON A FARM?
	3.	NAME DF DECEASED		First		Midd		Last	1	4. DATE OF		Month		Day	Year
1		(Type or print)		Herl	pert	Ro	y	Truem		DEAT		May		22,	1967
	5.	SEX	6. COLOR OR	1	MARRIED	NEVER MA		8. DATE OF		9	. AGE (In)	years IF hday) M	UNDER 1 Y		UNDER 24 HRS.
4	_]	Male	White	₽ W	IDOWED [] DIV	ORCED 🔲	March	28,10	391		yrs.	ondis Di	775	10015 Millio
	10a	. USUAL OCCUPAT	TON (Give kind	of work done	10b. KIN	D OF BUSINE	SS OR	11. BIRTH	PLACE (Co	unty & Stati	e, or foreign	country)	12. CIT!	ZEN OF	TAHW
-	₹•	frigera	tion E	ngin	er I	Ce Co	npany	Mar Mar	yland	3			U.	NTRY?	A.
	13.	FATHER'S NAM	E		-			14. MOTH	ER'S MAID	EN NAME					
	J	oshua C	. True	man				Mar	y Dia	con					
	15. (Ye	. WAS DECEASED (EVER IN U.S. AR	MED FORCE	S? 16. S	OCIAL SECUR	TY NO. 17.	INFORMANT				Address			
	N						F.	lora D. Trueman- Naylor, Maryland						and	
	Ī	18. CAUSE DF	DEATH [Enter	only one ca	use per lin	e for (a), (b),	and (c).]			-			ì		AL BETWEEN AND DEATH
	- 1	PART I. DE	ATH WAS CAU	SED BY:		mu	call	Sul.	2 Ilien					UNSEI	D
-1		420	/	DUE TO		9		1							
	Conditions if any which \											(A		
		gave rise to		(b)		1/2									0
		cause (a), st underlying caus													
	8	PART II. OTHER S	/	(c)_ ONDITIONS	ONTRIBUT	ING TO DEATH	BUTNOTREL	ATED TO THE T	ERMINAL D	ISEASE CON	ADITION GIV	EN IN PA	RT 1(a)		AS AUTOPSY
	F			**										YES	ERFORMED?
	Ĭ	20a. ACCIDENT	WAS LINDERLY	ING []	1 20b. DE	SCRIBE HOW	INIURY OCC	URRED. (Enter	nature of	Inlury In P	Part Lor Pa	rt II of i	tem 18.)	1 1 20	
	CERTIFICATION	OR CONTRIBUTI	NG CAUSE	OF DEATH			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Offices (mile)		,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	S	20c. TIME OF		ı, Day, Year	20d. IN.	URY OCCURR		ACE OF INJUR	Y (Home, fa	rm, 20t.	(City or to	wn)	(Count	y)	(State)
	MEDICAL	Hour a.n		19	While at work	Not While	Taci	ory, street, offi	cening" er	.c.)					
			y that (I) (th				sed from	5-10	. 19	6 % to		la .	1967	that	(I) (we) last
	-		ceased alive		12			it death occu							
		22a. SIGNATUI		>								1 2	22b. DAT		
			1	n	9	ا	M.	D.) PHYS.	4	MED. PIRECTOR	STAFF PHYS.		5/22	:/67	•
5	ļ	22c. PHYSICIA NAME (T)	N'S	->R:	ichar	d Dob	son, M.	D 22d. Al	DRESS	Bran	dywli	10,	Mary	lan	d
/	_		(Pop)	-> lenh	du?) alon				July .	- V	4			
	23a	BURIAL, CREM	IATION, 23b.	DATE THER	EOF	23c. NAME	OF CEMETER	Y OR CREMAT	ORY	23d. L	OCATION (C	ity, town	n or count	ty)	(State)
	C	rematio		24/6	7			Crema	tory	Sui	tlan	d		MY	ryland
	24.			TT	. 1/	ADDRES	SS		25a. REC	'D BY REG	ISTRAR 25	b. REG		SIGNAT	URE
	K	itchie	Bros.	opper	r mar	lboro	, Md.		NUMBER	9 %	967	your	erles	Jud	ge.

VR #15 (4) 20M 1/65 c/ I - Te f .

b: Equat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97194 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince George's % STATE Maryland a. COUNTY Prince George's MARYLAND b (TY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)
Riverdale c LENGTH OF STAY IN 16 c CITY OR TOWN (flouts de corporate mils, write RURAL and give neorest town) DOA Beltsville e 15 RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (f not in hospital, give street oddress) d STREET ADDRESS farm Leland Memorial Hospital 4305 Tonquil Place YES NO IX to certificate, writing the word pending" in pencil in Item 18. Give Poges should be forwarded to the Chief Medical Examiner's Office along with-far NAME OF Middle 4 DATE _Ost Month Dov Year DECEASED OF Cleve (Type or print) Tucker DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARR ED permit, File pages Lond 2 with lost birthdoy) Months Dovs Hours event within 72 hours ofter death WIDOWED X. D VORCED white 12 April 1893 male be executed within 24 hours 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10h K N OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done during most of working the even (fret red) Ret Pullman Co COUNTRY? INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Yates Tucker Martha M. Davis IS WAS DECEASED EVER IN U.S. ARMED EDRCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give, wor or dotes of service) Hazel S. Mazyck 18 CAUSE OF DEATH (Enter on y one couse per line for (b), (b), ond (c) PART 1 DEATH WAS CAUSED BY INTERVAL BÉTWEEN buriol-tronsit ONSET AND DEATH IMMED ATE (AUSE (a) Heart failure Arteriosclerotic heart disease unknown ony e Conditions, if only, which gove to rise to immediate couse (o), ≘. DUF TO stoting the underlying couse 0 19 WAS AUTOPSY PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) cremotion, or removol, PERFORMED? execute the certificate, NO 5d pe 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18) 3 should PRIMARY CONTRIBUTING CAUSE OF DEATH MED CAL 20e PLACE OF INJURY (Home form (Lity or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) foctory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Poge at work at work 21 I certify that I took charge of the remains described above held an Autapsy , Inspection 3. Inquiry 😿 , and in my opinian Notural eduses 32 Accident deoth resulted from Suic de Homic de Undetermined monner funeral director. may be retained CHIEF MEDICAL EXAMINER 5 may be retained FUNERAL DIRE Health prior to b ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER 50 5-1-67 Riverdale, Md. John Kehoe, M.D. Address (Street city town, or county) NAME Type: 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY je L 23d LOCATION (City or Town) 250 BUR AL CREMATION Burial Fort Lincoln Colmar Manor. 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15ME (5)\ Wash Lee Funeral Home 300.4th st 6M 1 67



CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution_Residence before admission) o. COUNTY b. COUNTY VV /2 nd MARYLAND b. CITY OR TOWN (If outside corporate limits, wrift) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Marlow Here Heiphus Marlow III. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? Townsley 4314 ownslev YES NO I NAME OF 4. DATE OF DEATH Middle Month An DECEASED obell (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED 9. AGE (In years loubstribday) Months Dave Hours WIDOWED TO DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? uring most of working life, even if retired) Charlotte School Teacher UCZJIOL - GOVERNINJ 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louise 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Mrs. Pezul Townsley Marlow Bey 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART 1, DEATH WAS CAUSED BY. minnte IMMEDIATE CAUSE (o) Conditions, if any, which ! gave rise la immediate couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [T. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (Stote) Nat while (County) factory, street, effice bldg., etc.) Hour o m. at wark at work 21. 1 certify that I attended the deceased from December 20, 1961, to 19 Lithat 1 last saw the deceased M, fram the causes and on the date stated above. and that death accurred ADDRESS (Street, city or town, state) ACTUAL SIGNATURE O FUNERAL DIR page 3 shauld the registror prin PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) 5-11-1967 Cedar Hill Cemetery Suitland Maryland 10 23 FUNERAL DIRECTOR'S SIGNATURE CODETE Windowski Funeral Home 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 4308 Suitland Road Maryland VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e e e (2) 6 held 19 or 12 mg. - 14/2 es a company of the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission) PLACE OF DEATH Maryland Prince Cers Prince George's o COUNTY O the Stote Department of r LENGTH OF STAY N 16 b CITY OR TOWN (if outside corporate limits wate RURAL and give nearest town) orest ville heverly d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS ang with form YES NO K NAME OF 4 DATE DECEASED OF DEATH 19 61 NEVER MARRIED 7 MARRIED lost birthdoy) WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT 10b K ND OF BUSINESS OR INDUSTRY Maryland USA in rote, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME event with n 72 hours Sharon Hudson Robert Waldersak 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC AL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Robert Walderzak Same As # 2 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c) PART I. DEATH WAS CAUSED BY

MMED ATE (AUSE (o) Mening a Coulombia INTERVAL BETWEEN d os a burial trons† p ONSET AND DEATH Meningococcal Conditions, if any, which gove) rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? ECTOR: Poge 3 should be used burior, cremotion, or removal, PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Page 4 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, off ce bldg etc) Hour om of work 2) I certify that I took charge of the remains described above held an Autopsy [1]. Inspection [2]. Inquiry [1] and in my apinion harvial causes Accident Suicide Hamicide Undetermined manner death resulted fram: S may be retaine TO FUNERAL DIRE Hea th prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol DEPUTY MEDICAL EXAMINER Address (Street city town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR A' CREMO REMOVAL (Specify) Burial Prince Georges, Maryland Resurrection Cemetery Robert E. Wilhelm Funeral Home VR A15ME (5) 4308 Suitland Road, Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	1	1
FOR	CTAT	E/
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death If July delay is Fig. 6.58mfy, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1900.		PT
1.	777	1 1 -
- E - E		
000	- Z	J
Ď 5	E 1	
E 23	pd bd	
<u></u>	E å	
Jess Jess	<u>و</u> _ و	
Po P	₹ <u>÷</u>	
Ve Ve	I E)
G. G.	£ 18	
S	≥ 3	=
ž E :	d te	eo
he te	5 2	-
24 in	es es	- E
탈	pad) SJC
W. ₩	9	hor
P; ⊑ ;	Li Ma	2
- 10 PE	5 E	· E
xe.	Me.	· 👼
e e la	et l	ŧ
- P	9	- AG
ouluc Vor	일 등	<u>></u>
sh	0 ±	0
± ± :	- 300	. E
fice ing	9	900
erti Vr t	wo be	<u>_</u> ,
2 9	5	200
E 6.	be be	ren
Έ		0
9 8	les she	J.
the the	4 = 0 3 + E	. to
X e	Sag yar	rell .
- L	2 5 2	_
S ×	4 P	25
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 8 to	the funeral director. Page 4 whould be forwarded to the Chief Medical Feaminers Office milang—with form PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm.t. File pages land 2 with fireState Department of	0
M Dele	를 를 <mark>급</mark>	7
7	2 2 3	0110
P	UN AND	4
o See	he to mo	0
0 2	÷ ~ ₽	
		H
VE	6M 1 67	43
	DW . C.	

1.1

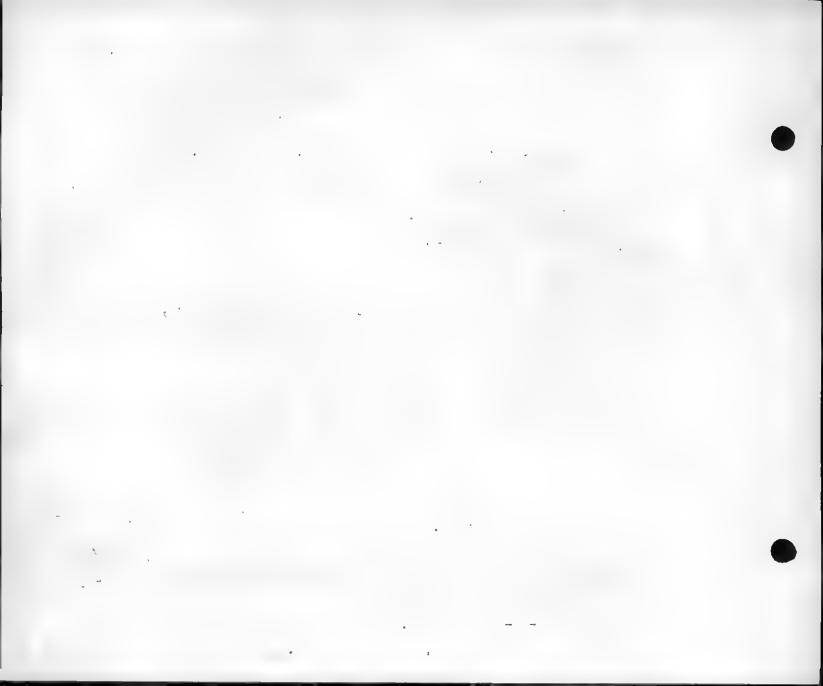
97197

,	97197	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07175					
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived if inst						
	a COUNTY	MARYLAND		ounty ince George's					
	b. CITY OR TOWN, Fourside carparote limits,	LENGTH OF STAY IN 16	c CITY OR TOWN (If gutside corporate limits write						
	write RURAL and give nearest town)			16-1					
	Cheverly d NAME OF HOSPITAL OR INSTITUTION (fingt in h	L DOA	Hillcrest Heights	L e S RESIDENCE					
	,			ON A FARM?					
	rince George General		5678 23rd Parkway	YES NO X					
	NAME OF First	Midd e	ast 4 DATE 6	Manth Day Year					
	DECEASED (Type or print) Harry		Walsh DEATH 5	151967					
5		ARRIED NEVER MARR ED	8 DATE OF BIRTH 9 AGE (In year						
m.	ale white W	DOWED INC. D VORCED	29 Sept. 1889 77 Y						
	USUAL OCCUPATION (Give kind of wark dane	10b K ND OF BUSINESS OR	11 B.RTHPLACE (State or fareign country)	12 CT ZEN OF WHAT					
	ing most of working life, even if retired)	Plaster Per	England	COUNTRY? U.S.A.					
13	Ret.	Plasteker	England 14 MOTHER'S MAIDEN NAME	0.0.1.					
10.									
L.	Matthew Walsh		Alice Goth	ddress					
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war or dales af servi	16 SOCIAL SECURITY NO. 17	INFORMANT A	agress					
Ĺ	no no	M	ary E. Lyles same as						
	18 CAUSE OF DEATH (Enter only one couse per	line far (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY	Metastatic carcino	ma	UNSET AND DEATH					
		over 3 mO.							
	Conditions, if ony, which gave) (b) DUE TO Carcinoma of the rectum								
	nse ta immediate couse (a), {								
	stating the underlying cause (c)								
	PART I OTHER S GNIFICANT COND T ONS CONTRI	YZGCTUA LAW - PI							
8	PART I OTHER S GNIFICANT COND I ONS CONTR.	BOTING TO DEATH BUT NOT KEENED TO	THE TENNINAL DISEASE COND LONG STATE IN LAKE LIG	PERFORMED					
CERTIFICATION				YES NO X					
E	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Port II of item 18	}					
	CAUSE OF DEATH.								
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m.		CE OF INJURY (Hame, form 20f (City at tawn tory, street, affice bldg., etc.)	(Caunty) (State)					
星	noul d.m. p.m. 19	While Not While of work	fory, street, drice blog., etc.)						
	21 I certify that I took charge of		e d on Autopsy , Inspection of	nguiry 🔽 . ond in my opinion					
	deoth resulted from. Kalurol con		cide , Hom cide Undeterm nec						
	deom resulted from:	7X Accident [2], Son	CHIEF MEDICAL EXAMINER	THOMAS					
	ACTUAL	1 2 South	ASS STANT MEDICAL EXAMINER	22. DATE SIGNED					
	SIGNATURE	1 121	DEPUTY MEDICAL EXAMINER &						
	NAME Type) John Kehoe, M.I	Riverdale, Md		5-15-67					
22	the second profession and the second	23c NAME OF CEMETERY OR		Towns (County) State)					
250									
_	Burial 5.18.67		Cemetery Colmar M	REGISTRAR S SIGNATURE					
24	FUNERAL DIRECTOR	ADDRESS	2So REC'D BY REGISTRAR 2Sb	KEGISTKAK 3 SIGNATUKE					
	Lee Funeral Home 3	300.4th st N E	DAMAY 1 7 1967	Mianles Judge.					

[]	1)		97198	3		CERTIFICA	ATE OF	DEATH			071	76	
I in by the funeral ers. Pages I and 72 hours after death		1 (PLACE OF DEATH 1 COUNTY Prince G			MARYLAN) a	STATE aryland		ised lived, if institu 6 COU Princ	inty ce Georg	ges	on)
n and completely filled in by the funer se removektorbay papers. Pages 1 and 1 n any eyent Arthin 72 hours after de			Cheverly	If autside carparate limit I give nearest town)		c. LENGTH OF STAY IN 16 14 days	S	Y OR TOWN (IF o Pat Plea REET ADDRESS		ate limits, write RU	IRAL and give ne	earest tawn)	DENCE
lled ii paper iin 72	74			eorges Gene			11	905 Cent	ral A	ve.		YES	NO 🗍
200	ē.	3.	NAME OF DECEASED		rst Charles	Middle	Uo	last 1 ch	4. DATE OF	Mon			67
vercoir even)	5	Type or print) SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	DEATH	9. AGE (In years last birthday)	F UNDER 1 YE		R 24 HRS
nd co		100	Male	White (Give kind of wark dane		Sep. DIVORCED DIVORCED DIVORCED	19	LO IRTHPLACE (Caunty	u & State of fo	57 yrs		N OF WHAT	
eose remove co		dur	ng most of work ng Laxi-Driv	life even if retired)		DUSTRY Self		Unkr		arangi coomity;	COUNT	ry SA	
physic en pl		13.	FATHER'S NAME JAMES	WETCH			14. /	NOTHER'S MAIDEN LAUR		.CH			
inding nit Th		1\$. (Ye	WAS DECEASED EVE s, ng, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates	of service)	SOCIAL SECURITY NO	17. INFORM	ANT		Beach, M			
by the attending physician and transit permit Then please rem cremotion, or removal, and in an	•		18. CAUSE OF DI PART I. DEA	ATH (Enter only one con TH WAS CAUSED BY. IMMEDIATE CAUSE				e 6	ml	alus	ary rand	INTERVAL BE ONSET AND	
signed by the burial-transit puriol, cremoting			465) Conditions, if ony, rise to immediat	DUE , which gove)									
been si s the bi			stating the unde		(c)								
ficate has been s for use os the t	2	ATION	PART II, OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TER	MINAL D SEASE (C	ONDITION GIV	/EN IN PART 1(a)		PERFORM YES	NO XDX NED?
ertification for the training of the		L CERT FICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter i	lature of njury in	Part I or Pa	ort II of item 18)			
detock		MEDICAL	20c TME OF INJU Haur and	10		BURY OCCURRED 204 Not While at wark		NJURY (Hame, far et, office bidg , etc		(Ci*y ar tawn)	(Caunty	()	(State)
R: Afte uld be the Sto			21. I certi	ty that the this has		ted the deceased frame 25, 1967, and	n <u>M</u> . that deat	h occurred a	1%7 9:53P	to <u>May</u> 2 M, fram causes	25 , 196.7 and an the	, that #x (date state	we) las d abave
3 sho			22a SIGNATURE	1/ Xer	XE	k		TENDING	MED DIRECTOR	STAFF PHYS	22b. DATE 5/27/	SIGNED 67	
r, page	1		22c PHYSIC AN'S NAME (Type	Reynaldo	LeeLl	acer		2d ADDRESS rince Ge	orges	General	Hospita	al	
TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filed with the State Deat, of Health or	S	23a	BURIAL CREMATION PERMOVAL (Specify Burial	0N, 23b DATE TH		23c NAME OF CEMETER FT. LTNS		ORY	23d L	OCATION (City or To		,	(Stote)
R A15 (4) 5M 1/67	Dn	24	. FUNERAL DIRECTO	R		ADDRESS Ave. Hyattsv			'D BY REGIST				
5M 1/67	-		GASCH'S	TEG KCIT	THOLE	ave. nyatuusv	6 DYTH	TICL DATE ()	(3 1	198/ /	liarles	Jun gr	AL .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leoth certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

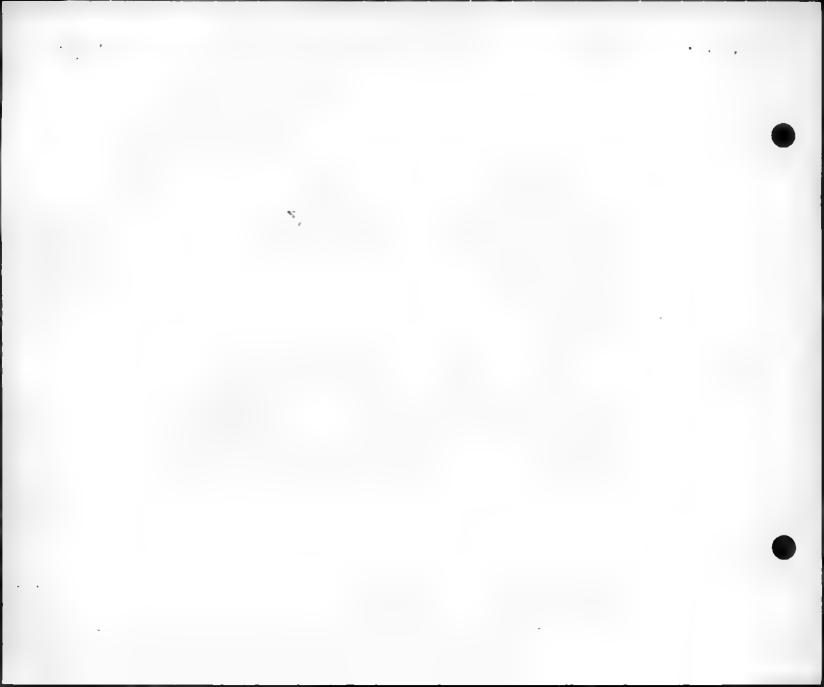
VR A15 (4) 25M 1/67



07199

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

LALESTAIL		
HEALTH, DEPT.		LACE OF DEATH 2 USUAL RESIDENCE (Where deceased year of institution Residence before admission) 3 STATE 4 D (OUNTY)
is de to	0	COUNTY Prince George's MARYLAND STATE OF Columbia
Pay	b	CITY OR TOWN (If outside corporate limits) c LENGTH OF STAY N lb c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
y de , and PM3.		Cheverly DOA Washington 4
2, 2, p		AND OCHOGODIA OR MICHIETTO TION 14 not a horizontal given street address?) 4 STREET ADDRESS 9 IS RES DEMCE
If Sorm form	Ĭ	C C C ON A PARM
Pages vith for state		Times of confe of the private of the
deoth with 1		OF OF
I w thin 24 hours ofter death. If any delay in penal in Item 18. Give Pages 1, 2, and 3. Examiner's Office along with form. PM3. Pages land2 with the State Department 2 hours after death.		Type or print) 1/1/TON 17. WE/IS DEATH 3
ofter of Sive along with th	SS	ast birthday) Months Days Hours Min
18 18 e o 2 v		Male white woowed D vorced 1-23-1909 5-7 vis
thours office office of land 2 v		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
24 h	aurii	ig most of working life, even stratured) CONTRACTOR VIRGINIA
n 24 iil in ner's ages s offi	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
I w thin Z n pencil i Examiner File page:		Clampity w wolls bourse Connelly
ed wed woll Exc	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address
ool sol nit.		, no, or unknown) (If yes give war or dates of service)
id be executed rd "pending" in Chief Medicol E-tronsit permit. Eevent within 72	14	
ef Merinal		ONSET AND DEATH
should be e ne word "pen o the Chief A burial-transit		MMEDIATE (a) Heart Failure minutes
word word the (rial-t		bot to Arter obeter or
e should the word to the Ch p burial-tra in ony ev		Conditions, 'f any, which gave) (b) (b)
the s d to d to a bu	1	stating the underlying cause DUE TO
frication fring I rided as a as a and		(c)
This certificate slate, writing the be forwarded to be used as a buremoval, and in a	l _z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
Ts de La fe La Company	Æ	YES NO ()
ER: This certificate ould be fould be found be nowed be nowed by or remond to the notation.	CERTIFICATION	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY O OF CONTRIBUTING OF INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.)
vertific certific hould biles.		CAUSE OF DEATH
EXAMINER: ute the cert ige 4 should your files. Page 3 shou cremotion, o	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e PLACE OF NURY (Home form 20f (City or town) (County) (State)
KAM re th our oge emo	AR I	Hour a.m. While Not While of work of work of work
EXA cute age you you crem	Н	21 I certify that I taok charge of the remains described obave, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and in my opinio
MEDICAL I		death resulted fram: Natural courses X Accident , Suicide , Hamicide , Undetermined manner
Se e e e e e e e e e e e e e e e e e e		CHIEF MEDICAL EXAMINER
MEDI lease direct direct birect DIRE		ACTUAL ACTUAL ACCURATANT MEDICAL EXAMINED 22. DATE SIGNED
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER ASSISTAN
PUTY SSGTY, Unerall NERAL		EXAMINER'S NAME (Type) O- 6 h Kehre M. D. Riverdale Md Address (Street city, town or county) 5-18-67
	73	BURIAL CREMION 23b DATE THEREOF 23c NAME OF CEMETERY OF REMATORY 23d LOCATION (City or Town) (County) (State)
The E	230	REMOVA. (Specify)
- 1/1	0.1	SULLA DIRECTOR ADDRESS 250 RECD BY REGISTRAR "SE REGISTRAR SENANTIFE
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS ADD
6M 1/67	190	numer Bro. 1661-600d Hope KdSE. WASh DO DAIMIN ax 1001



1 /	I tems 20&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 9-6-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATES	07200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07178
HEALTH DELT	PLACE OF DEATH o COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission / o STATE b. COUNTY District Of Columbia
f any delay 1, 2, and 3 m PM3. Pag Department	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly C LENGTH OF STAY IN 16 C C TY OR TOWN (If outside carporate limits write RURA, and give nearest town) Washington
E S S	d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street oddress) Prince George General Hospital 3 NAME OF First Middle Lost 4. DATE Month Doy Year
Give Ilang v	Color or Race The Marked Stanley Henry White OF DEATH Stanley Henry White OF DEATH Stanley Henry White OF DEATH Stanley Henry OF DEATH Stanley OF DEATH OF DEA
4 hours I fem 1 s Office 1 land 2 ter death	Male Negro WIDOWED DIVORCED 9-2-1928 38 Yrs 100 USUA_OCC_PATION (G ve kind of work done during most of working life, even if retired) 10b KIND OF BUS NESS OR II. BIRTHPLACE (Stote or foreign country) 110 USUA_OCC_PATION (G ve kind of work done in the property of the
within pencil xamine ile pag haurs	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ld be executed within rd "pending" in pencli Crist Medical Examini transit permit. File pag event within 72 haurs	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) NTERVAL BETWEEN
ing the wa ded to the des a bund- as a bund-	NTERVAL BETWEEN
t: This certificate, writhing be farwariald be farwarially be used ar remaya, c	PART II OTHER S.GNIFICANT CONDITION. CONTR.BLI NG TO DEATH BLT NOT RELATED TO THE TERMINA. D SEASE CONDITION CIVEN IN PART 110 19 WAS AUTOPSY PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CO. 19 WAS AUTOPSY PERFORMED? YES NO OF CAR. Which Overturned
EXAMINER: T ute the certifica ge 4 shauld b your files. Page 3 shauld '	20c TIME OF N. RY Month, Day Year 20d N. RY OCCURRED 20e PLACE OF IN, URY (Home farm 20f (City or town) (County) (State)
_ 5 d 5 d _	21 Certify that taak charge of the remains described above, held an Autapsy This pection Inquiry This pection
TY MEL y, pleas and dire se retair	ACTUAL SIGNATURE EXAMINER'S ASSISTANT MED CA. EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
TO DEPUTY I necessary, play the funeral of 5 may be re to FUNERAL Health prior	NAME (Type) John/ Kehoe, M.D. Riverdale, Md. Address (Street, city, town or county) 5-23-67 230 BURIAL, CREMATON 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d .OCATIONYC by ar Topp) (County) (State) REMORD (Specify) 3 -2 7-6 10 10 10 10 10 10 10 10 10 10 10 10 10
VR A15ME (5)	24 FUNERAL DIRECTOR 10 4. Bacon ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE COMPANY 25 1967 FUNERAL DIRECTOR SIGNATURE

• • •

• 5

• • ę

CERTIFICATE OF DEATH event, within 72 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before odmiss on)
o STATMaryland b COUNTY Prince George's PLACE OF DEATH o STATMarvland o COUNTY Prince George's MARYLAND Pages b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give neorest town)
Cheverly Clinton 77 days O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress). filled 7421 Simpson Lane Prince George's General Hospital YES NO 3 NAME OF Middle last 4 DATE Manth Year campletely DECEASED 20, 67 Windsor, Sr. May Ralph DEATH (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave by birthdoy) Manths Days 11/22/03 White WIDOWED and in any pup 10a US_AL OCCUPATION (Give kind of work done during most of working lite, even if retired)
US_Gov t. 11 BIRTHPLACE (County & State, or foreign country) 12 CHT ZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? Postal Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, Windsor Ida Mae William King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, ng. or unknown) (If yes give wor or dotes of service Della C. Windsor-Wife Same as Item #2 crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) INTERVAL BETWEEN the ONSET AND DEATH burial-transit sioscleratic Heart desease DUE TO burial, Conditions, if any which gave rise to immediate cause (o), DUE TO stating the underlying couse (c) 19 WAS AUTOPSY PERFORMED?
YES NO PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) (Enter notice of mary in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form (City or town) ((aunty) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour c.m. Nat While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from March 4, 1967, to May 20, 1967, that (I) (we) last sow the deceased alive an May 20, 1967, and that death occurred a4:15AM, from causes and an the date stated above. 19 67, that (1) (we) last 220. SKINATURE Suhram 0-20-6 MD DIRECTOR directar, page 3 shauld b≡ filed v 6813 Riverdale Rd., Riverdale, Md. PHYSICIAN'S NAME (TypeBahram Erfan, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BURIA, CREMATION. (County) REMOVAL (Specify) Bells Methodist Cemetery Cam Springs. maryland 25b. REGISTORES SIGNATURE 250 REC'D BY REGISTRAR
DATE MAY 23 **ADDRESS** .ons Bros.-1661-Good Hope Rd SE VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DOTTOR

-	97202		CERTIFICATE	OF DEATH		U7150				
	1 PLACE OF DEATH			2 USUAL RESIDENCE (W	there deceased lived if institution	Residence before odmission)				
1	o. COUNTY Prince Geo	roes	MARYLAND	o. STATE	b. COUNTY					
1	b CITY OR TOWN (If outside corporate	limits. Le LENG	GTH OF STAY IN 16	C CIY OR TOWN (IF out	side corporate limits, write RURAL	and give pearest town)				
	Glenn Dale (rural)	YY	KEN 7 mo.		on, D. C.					
	d NAME OF HOSPITAL OR INSTITUTION	(If not in hospital give stress	of orderess)	d. STREET ADDRESS	.ou, D. C.	e S RESIDENCE				
				1	. 6. 11.11	ON A FARM?				
	Glenn Dale Hospita	First	Middle		n St., N.W.	AEZ WO XX				
	DECEASED			Lost	4. DATE Month OF	Doy Year				
V	(Type or pnnt) S SEX 6 COLOR OR RAC	Cora		Noodbridge	9 AGE (In years 1	9 19 67 F JNDER 1 YEAR IF UNDER 24 HRS				
Л		L_1	느		last birthday) N	Months Doys Hours Min				
4	F W	WIDOWED		12/19/1880	86 yrs					
-	10o USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 10b, KIND OF B INDUSTRY	USINESS OR	11. BIRTHPLACE (County 8	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	teacher	unknow	n	Melasion /	7235.	USA				
	13. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME					
	James H. Adams			F. Adams	*					
	15 WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give wor or d	RCES? 16. SOCIAL SI	FCURITY NO. 17. II	NFORMANT	Address					
ı	no	577-03	-9724	de	cedent					
	1B. CAUSE OF DEATH (Enter only or	ne cause per line for (a), (b),	ond (c).)			INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSF (o) Carcinom	a of colon	with extens	ive metastases	6 mos.				
		DUF TO								
	Conditions, if any, which gove									
-	rise to immediate couse (a), (stating the underlying couse (DUE TO								
-	lost.	(c)								
	PART II OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19 WAS AUTOPSY				
4	Bronchopneum 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING WAS UNDERLYING WAS CONTRIBUTING WAS USED OF DEATH OF ENTHER NOTICE WAS MINED.	onia				PERFORMED?				
	200 ACCIDENT WAS JNDERLYING	20b. DESCRIBE H	OW INJURY OCCURRED (Enter noture of injury in P	ort I or Port II of item 18.)	1 1				
1	OR CONTRIBUTING CAUSE OF DEATH									
	20c TIME OF IN, URY Month Day, Y		CURRED 20e PLAC	E OF IN. JRY (Home, farm,	20f (City or town)	(County) (State)				
	Hour o.m.		ot While focto	ory, street, office bldg., etc.)						
1	21. I certify that (K (this			9/23/ .19	66 ta 5/9/	7, 1967, that XI) (we) last				
1	saw the deceased alive a		19 67 , and that	death accurred at1	0:15AMfram causes and	d an the date stated above.				
1	22o. SIGNATURE	1/1-1				22b. DATE SIGNED				
1	III./AN	1 Very	M D		MED. STAFF DIRECTOR KX PHYS	5/9/67				
1	22c. PHYSICIAN'S			22d. ADDRESS						
1	NAME (Type) Moe I	Veiss, M.D.	4	Glenn Dal	e Hospital, Gle	enn Dale, Md.				
ŀ			NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)				
1	RETOVAL (Specify) May	, 12, 1967	Wash.	National	Suiti	shd, MI				
1	24. FUNERAL DIRECTOR	^ .	ADDRESS 1460 C	250 RECD	BY REGISTRAR 25b REGIS	TRAR'S SIGNATURE				
	W.W. Chambe	MS CO. INC	11/2.5	Y A IN DAMAY	15 1967	and Luchen				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. FE MOSFITAL BR ETTERDING FIRSTERMS: The faw requires that the death certificate be axecuted within 24 hours off Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



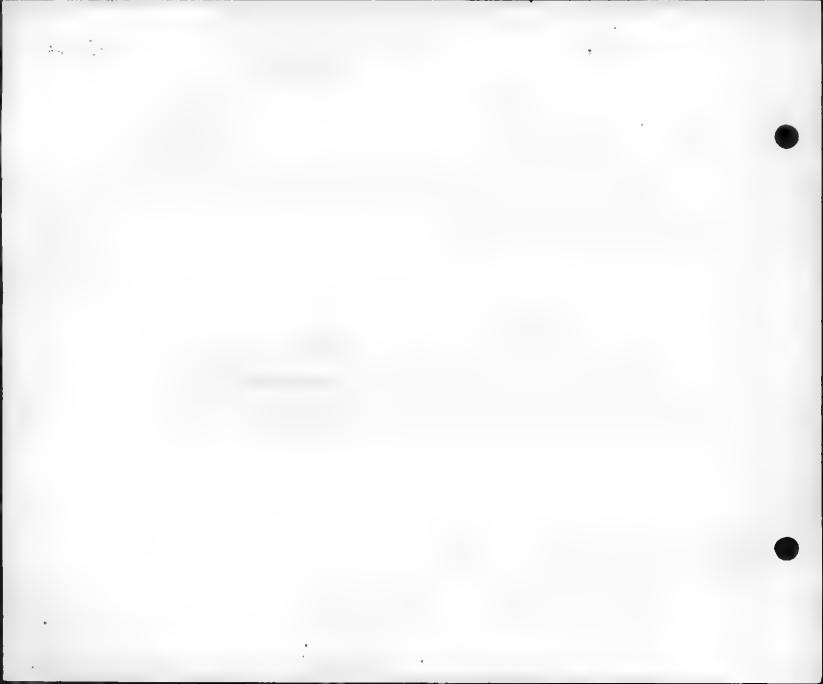
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and deat 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) . PLACE OF DEATH a. COUNTY b. COUNTY a. STATE GEORGES MARYLAND ve carban papers Pages I event, within 72 hours after autside corparate fimits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate C. LENGTH OF STAY IN 16 write RURAL and give nearest town NC+ d STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO X DATE Manth Year 3 NAME OF First Middle Day DECEASED 5 1961 DEATH (Type or print) 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Haurs DIVORCED WIDOWED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done (County & State or foreign country) during most of working life, even if retired) INDUSTRY physic en ple 13. FATHER S. NAME MOTHER'S MAIDEN NAME signed by the attending phy: burial-transit permit. Then p burial, cremation, ar remayal ENINGER INFORMAN) WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attendii burial-transit permit. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIF CATION NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year Hour a.m. Not While factory, street, affice bldg., etc.) While at wark 21. I certify that (1) (this haspital) attended the deceased fram. 1960, that (I) (we) last 1967, and that death occurred at 4156 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION (State) Md. Rockville Park Lawn Cemetery 25g. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 320@DRESRhode

Ave. Mt. Rainier

VR A15 (4) 20 M 1/66

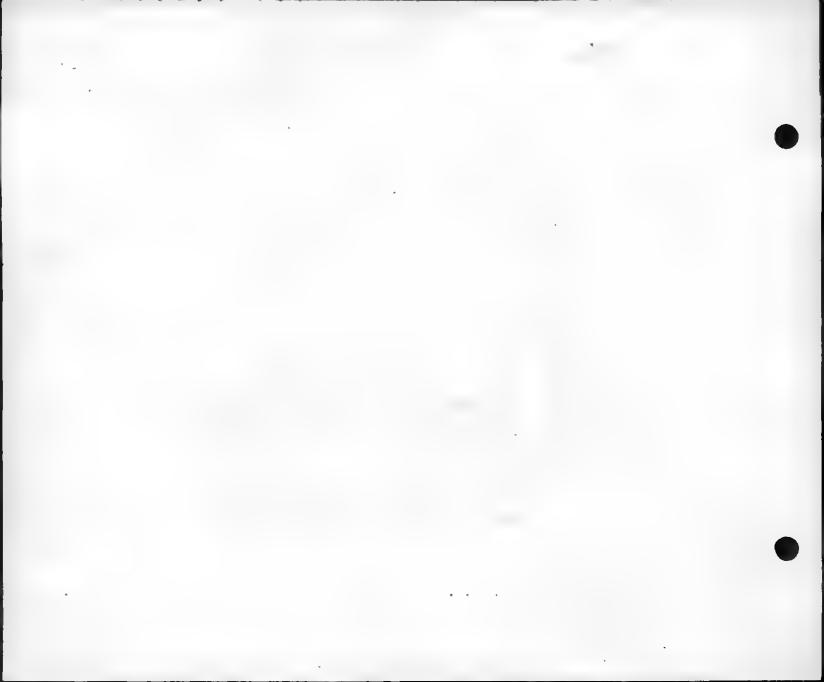
Funeral

Home



1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Prince Georges MARYLAND Prince Georges Maryland b. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town) c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 filled in by th papers. Pag hin 72 hours a 12 days Cheverly Greenbelt d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO TO A Prince Georges General Hospital 6160 Spring Hill Terrace ModleCamar carban NAME OF 4. DATE campletely DECEASED William DEATH (Type or print) Wynn 9. AGE (In years B. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED e attending physicion and tan-permit. Then please remave lost birthdoy) Hours WIDOWED 5/29/01 White 10o. USUAL OCCL PATION (Give kind of work done 105 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY 3 during most of working life, even if retired) eticed Phruster ANDUSTRY , Georgia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then burial, crematian, ar remaval W. R. Wynn Minnie Walton 16 SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 6160 Spring Hill Terrace 709-09-7379 Duella S. Wynn INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN; The law re Page 4 may be retained by the hospital ar attending as the priartal has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPS PERFORMED? Andinsonison ACITANSthis certificate had detached far use YES FT NO F 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) factory, street, office bldg., etc.) Hour o.m. Not While ot work at work O FUNERAL DIRECTOR: After , 19 65, to May 15, , 1967, that (1) (WX) last 21. I certify that (1) (南部市路路) attended the deceased from. saw the deceased alive on May 15, 1967, and that death accurred at 8 . 05 M, fram causes and an the date stated above. 22b. DATE SIGNED May 15, 1967 220. SIGNATURE M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S Albert Roth, M.D. 5409 Riverdale Rd. Riverdale, Md 23c. NAME OF CEMETERY OR CREMATORY 23d ŁOCATION (City or Town) 230 BURIAL CREMATION Rest Haven Cemetery Washington. 25b. RÉGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Purphreu.

requires that the death certificate be executed within 24 hours after death



97205 FOR STATE HEALTH DEPT

Z, ond 3 to PM3. Page

in Item 18.

This certificate should be executed within 24 hours ofter death.

icate, writing the word "pending" in pencil in be forworded to the Chief Medical Examiner's,

the certificate, writing the word

TAL EXAMINER:

ong with form Give Poges

Office

the State Department of

affer

event within 72 hours

ony

_

remayal,

cremation, or

Health prior to

Inc.

Home

permit. File

buriol-tronsit

D

be used

3 should pluous

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cheverly DOA Seabrook d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Prince George's General Hospital 6702 96th Place 3. NAME OF Last 4. DATE Month Year DECEASED OF 28 19 67 Casper Francis Zimmer DEATH 9. AGE (In years last birthday) 78 yrs. S. SEX I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER Months Doys Hours white 8-30-88 male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Carpenter Pittsburgh. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank J. Zimmer Grace Keuhn 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dates of service 579-10-5345 Mrs. Catherine O. Zimmer above No Wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) address) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: WILAND WAY Heart failure IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave over 1 yr. Arteriosclerotic heart disease rise to immediate couse (a), DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) factory, street, office bldg., etc.) Not While at wark ot work Inspection X 21. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry X and in my opinion death resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stole) Cedar Hill Cem. Suitland, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Nalley's Funeral

50 ATSME (51) 6M 1/67

may be retained for your FUNERAL DIRECTOR: Page

the funeral director.

The second of th

, t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

247

	9720	6		CERTIF	ICATE	OF DEATH			07184			
T.	PLACE OF DEATH O COUNTY Prince G	Georges		MARY	/LAND	2. USUAL RESIDENCE (W o. STATE Maryland	Vhere deceased	h conn			n)	
	b. CITY OR TOWN (If outside corporate limit	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If out	tside corporote				-		
	Cheverly	d give neorest town)		58 days		Seat Pleas	sant		110.	/		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	ive street oddress)		d STREET ADDRESS				e. IS RESID		
1	Prince G	eorges Gene	eral Ho	spital		501 - 68tl	h St.			YES T	NO X	
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Month	h Do	y Yeo	H	
	(Type or print)	s, -	Michae	1 -	Zim	merman, Jr.	OF DEATH	May	24.	196	9	
S.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1 YEAR Months Days	IF UNDER	24 HRS.	
	Male	White	WIDOWED	DIVORCED		10/31/95		Yrs.			Min.	
	Oo, USUAL OCCUPATION uring most of working ACCOU		This	ND OF BUSINESS OR DUSTRY	c IS	11. BIRTHPLACE (County &		gn country)	12. CITIZEN COUNTRY	OF WHAT		
1	3. FATHER'S NAME	74 1 1 1 1	1 1 1 1	7 2 - 17616		14. MOTHER'S MAIDEN N						
	MICHAE	LZIMA	A FRAM	NA	-	ANNA F	RUSHI	105				
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. IN				SS O	40	H-	
(Yes, no, or unknown)	(If yes give wor or dotes	esivies to	4-03 4438	AMS	RYJOHANN	MIZAI	MERM	AN DAY	NE AS	9	
-	The second secon				2 1		0.4			TERVAL BET	WEEN	
	PART I. DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH											
	163X DUE TO D											
	Conditions, if ony	, which gove)	(b) Car	reimou	ma	Met	lu	ug_	- 16	Heary	145	
	rise to immediate cause (a), stating the underlying cause DUE TO											
	last.	illying coosa	(c)									
NOIL	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART I(o)	19	PERFORMI	PSY ED? NO XX	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (1	inter nature of injury in F	Port I or Part I	l of item 1B.)				
MFD3C81	20c. TIME OF INJI Hour o.r	1.0	While	NURY OCCURRED Not While		OF INJURY (Hame, form ry, street, office bldg., etc.)		(City or town)	(County)	()	Stole)	
		fy that (I) (XXXXX			from	, 15	9.602, to	May 24.	1967,	that (I) (a	vac) last	
						death accurred at	8:15AM,	fram causes o	and on the do	ate stoted	abave.	
	220. SIGNATURE	11	1/11	11		ATTENDING	MED.	STAFF	22b. DATE SIG			
		ILUD A	un		M.D.	PHYS.	DIRECTOR L	PHYS.	May 24	, 196	1	
1	22c. PHYSICIAN'S NAME (Type)		uus, M.	n.		6124 Cent	ral Av	e.Capit	ol Hghts	.Mary	land	
	30. BURIAL, CREMATION REMOVAL (Specify			23c. NAME OF CEME		REMATORY CEMETERY		TION (City or Tov		ty) (St	tote)	
	24. FUNERAL DIRECTO	R G	13 0	ADDRESS		1 00 0000	BY REGISTRAL		GISTRAR'S SIGNAT	URE		
	11/11/01	YAMBER9/	00, KI	UERDALF	. M	D. JAMY		The state of the s	inela. O.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the thereof director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages-1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in Inylevent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

